



**School of Management Studies**

Breastfeeding as foodwork in the workplace among black, low-income women in South Africa

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### **Abstract**

Return to work is cited as a key reason for women ceasing breastfeeding due to the conflict between the labour of bodywork required for jobs, and breastfeeding as a labour of foodwork. Through semi-structured, in-depth interviews with 33 black low-income mothers in Cape Town, South Africa, this study gives meaning to the labour of foodwork that these mothers perform. The data were analysed through an intersectional analytic lens to understand how race, class, and gender shape foodwork experiences. The study findings underscored the struggles, exacerbated by financial constraints, that low-income women endured balancing the demands of being a good mother and a good worker. Four key themes emerged that illustrate the compromised ability to enact foodwork: (1) foodwork experiences and precarity in the workplace, (2) structural inequalities and foodwork, (3) gender norms and social class: shaping child care and foodwork and, (4) local knowledges and foodwork. With these findings, recommendations for improving workplace support for low-income mothers foodwork activities are presented.

*Keywords:* Foodwork, breastfeeding at work, low-income workers, feminist critique, intersectionality, role theory.

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Note on format. This paper follows the format prescribed by the Department of Organisational Psychology at the University of Cape Town and the 7<sup>th</sup> edition of the Publication manual of the American Psychological Association.

## Chapter 1: Introduction

Research on breastfeeding and the lactating body has gained increasing prevalence in organisational studies in feminist efforts to increase workplace support for lactating mothers. Current research about breastfeeding in the workplace has centred on working mothers' experiences of breastfeeding (Abekah-Nkrumah et al., 2020; Choo & Ryan, 2016; Hasan et al., 2020; Mabaso et al., 2020), barriers to returning to work (Desmond & Meaney, 2016), employees and managers perceptions (Al-Attas & Shaw, 2020; Horwood et al., 2020), the implications of breastfeeding on the work-family interface (Burns & Triandafilidis, 2019; Gabriel et al., 2020; Johnson & Salpini, 2017; Rippeyoung & Noonan, 2012) and maternal bodywork (Gatrell, 2013; Stumbitz & Jaga, 2020). However, little attention has been given to the specific forms of body labour that lactating mothers in paid employment perform (Wattis et al., 2013). More importantly, the conflict between the labour of bodywork required for jobs, and breastfeeding as a labour of foodwork (feeding, nurturing, and nourishing the infant body) has mostly gone unnoticed in organisational studies and requires further exploration (Thorley, 2021; Wattis et al., 2013).

Despite the lack of attention on the topic, breastfeeding is a critical foodwork issue. Foodwork in the domestic setting refers to the "practices that form the key food activities and exchanges between mothers and children" (Wright et al., 2015, p. 422) and includes aspects of planning, preparation, consuming, and the emotional management of individual's eating habits (Meah, 2014; Valentine, 1999). Swan (2020) argued that foodwork is gendered, as women are expected to feed their families as an act of good mothering. Thus foodwork is centred around women's expression of their identities and sense of self (Swan, 2020). As foodwork is primarily focused on nurturing and sustaining bodies (Parsons et al., 2021), the act of breastfeeding can be classified as a labour of foodwork as mothers are positioned as responsible for nurturing and sustaining the infant body (Mulinari & Selberg, 2013; Wattis et al., 2013). Consequently, breastfeeding can be considered productive work, as lactating mothers use their breastmilk to feed the infant (Dykes, 2005) just as other mothers undergo the work of cooking to feed their families (Agrawal et al., 2018).

Lactating mothers in paid work occupy an integrated work-family space, which could interfere with their roles as mothers and employees (Gabriel et al., 2018). According to the premise of role theory (Kahn et al., 1964), work and family role demands compete for time and can result in personal strain or behaviour-related role pressure in breastfeeding mothers (Spitzmueller et al., 2016). Consequently, lactating mothers may stop breastfeeding as a coping

mechanism to deal with this challenging interface, which is troublesome given the health and economic benefits of breastfeeding for the mother, infant, and society at large (Bai et al., 2008; Gabriel et al., 2018; Walters et al., 2019).

According to Mulinar and Selberg (2013), limitations are created when breastfeeding is not considered work, as the labour-related nature of feeding goes unnoticed. The labour-intensive act of breastfeeding, therefore, becomes undervalued, as its biological nature prevents it from being viewed as a form of professional work (Boyer, 2014; Gatrell, 2013; Lee, 2018). In addition, as a typical worker is understood in masculine terms, as an individual devoted to their work, the organisational context depicts lactating mothers' work as emotional, 'leaky' and unsuitable for the workplace (Acker, 1990; Trethewey, 1999). To illustrate the difficulty that lactating mothers experience when breastfeeding is not considered as a labour of foodwork in the workplace, Gatrell (2013; 2019) found that pregnant women and new mothers participated in taxing maternal bodywork to disguise the effect lactation had on their bodies in maintaining their position as professional workers. Thus, highlighting the struggles that lactating mothers experience to simultaneously balance their roles as workers and mothers (Gatrell, 2013).

### **Foodwork in context**

**Foodwork as an organisational issue.** The concept of food in organisational studies is a rich and varied subject, as food is central to all social interactions (Cunha et al., 2008). The idea of food, eating, and drinking in the workplace lacks attention in organisational research, yet it is fundamental to organisational life as it serves as an opportunity for social interaction, debate, and sustenance (Cunha et al., 2008; Driver, 2008). Yet, despite food's inherent link to the organisation, employees foodwork behaviour remains separate from organisational research.

While family foodwork may not be a paid occupation, foodwork requires mothers to be competent and resourceful and can, therefore, be considered a form of food labour (Parsons et al., 2021; Szabo, 2011). Foodwork, just like any other labour activity, requires mothers to be skilled enough to identify suitable places to buy food, balance monthly budgets to meet the family's eating needs, pre-plan meals, combine or 'stretch-out' meals to sustain the family and ensure children's nutritional needs are met (Parsons et al., 2021; Swan, 2020). Despite the technical aspects involved in foodwork, mothers are also required to conduct this labour-intensive role out of joy and love, in an effort to bring in the softer, more nurturing elements which also constitutes foodwork (Parsons et al., 2021). Accordingly, the literature on foodwork

highlights its complex nature involving technical knowledge, productivity, reproductive work, and nurturing elements (Parsons et al., 2021; Swan, 2020).

**Foodwork as gendered, racialised, and classed.** Women are primarily responsible for foodwork in that they are disproportionately held accountable for the feeding work that occurs in families in an effort of good mothering, while fathers are less expected to participate in foodwork activities (Fielding-Singh, 2017; Parsons et al., 2021; Swan, 2020; Szabo, 2011; Wright et al., 2015). As an act of good mothering, women are typically required to ensure the family receive healthy, safe, and nutritional food as a display of their selfless love and affection (Parsons et al., 2021; Swan, 2020). However, while the foodwork role may be experienced as one that is imposed on women, Meah (2014) noted that foodwork also gives women a sense of power in their domain. Thus, despite foodwork being gendered, Meah (2014) and Stovall et al. (2015) noted that some women do not want to relinquish control of it. Additionally, researchers have consistently shown that higher-earning families can afford a variety of nutritional foods and more easily eat healthily compared to lower-earning families (Banister et al., 2016; Beagan et al., 2016; Parsons et al., 2021; Swan, 2020; Wright et al., 2015). As foodwork is considered an investment to safeguard families' nourishment needs (Parsons et al., 2021) many low-income mothers working in precarious jobs, need to navigate foodwork demands in a work context where they have little say over working times and where their schedule may change with little notice (Agrawal et al., 2018). Considering breastfeeding as a form of foodwork, globally, low-income workers have poorer breastfeeding initiation and duration rates in comparison to mothers with a higher income, and the manual forms of labour that they perform has significant implications for breastfeeding (Heck et al., 2006; Mirkovic et al., 2014). Here, social class tends to intersect with race to determine foodwork experiences. Low-income black women have been found to take on additional paid labour to ensure food needs are met (Swan, 2020) and are sometimes forced to select convenient foodwork options, such as fast-foods, to meet family feeding needs especially when working in time-scarce environments (Jabs et al., 2009). Researchers have shown that black low-income mothers experienced immense stress and pressure to meet their foodwork obligations when balancing foodwork tasks with employment (Agrawal et al., 2018; Szabo, 2011; Wright et al., 2015). In South Africa, black low-income mothers' foodwork and employment are entangled by colonial and apartheid histories.

**South African context of low-income mothers breastfeeding as a form of foodwork**

In the South African context, a group of workers who have been disproportionately affected by the lack of recognition of breastfeeding as a gendered, racialised, and classed foodwork construct, is low-income, black women. Low-income households in South Africa typically survive on less than R28 a day (United Nations, 2020). Many of these households living below the poverty line are female-headed (49,9%) (Statistics South Africa, 2019). The majority of these females (47,6%), many of whom identify as black, are employed in the informal sector or pursue low-skilled work in formal employment, thus exposing their bodies to labour intensive bodywork (Smit et al., 2016; Statistics South Africa, 2018).

The low-income work context often lacks job complexity as low-income workers are usually unskilled or possess low-level skills, making them easily replaceable, thereby reducing their job security (Murtagh & Moulton, 2011; Son & Bauer, 2010; Swanberg, 2005). The low-skilled work sector is also characterised by precarious and volatile working conditions (Ravesteijn et al., 2017). Workers generally have poor supervisor support, little flexibility over working hours and arrangements and may work during non-standard working hours such as night shifts, increasing their difficulty to balance work and life demands (Agrawal et al., 2018; Berry et al., 2008; Hagelskamp et al., 2011; Katras et al., 2015; Lavee, 2017; Muse & Pichler, 2011; Schieman & Young, 2011). The labour-intensive nature of low-income work can cause bodily strain, stress, and exhaustion for working women as it requires heavy lifting, standing up, and crouching down (Joshi et al., 2009; Lee, 2018; Son & Bauer, 2010) and exposes them to hazardous substances which create health-related risks (Arbuckle, 2006; Santhi et al., 2016).

These working conditions expose low-income women to various breastfeeding barriers, such as a lack of accommodation to store or pump breast milk, insufficient time to pump and minimal supervisor and co-worker support (Stumbitz & Jaga, 2020; Trafford et al., 2020). Moreover, lactating low-income mothers tend to be unaware of workplace breastfeeding policies, lack the necessary health education to initiate and sustain breastfeeding and are less likely to have the autonomy to negotiate breastfeeding terms (Lauer et al., 2019; Trafford et al., 2020). Accordingly, their workplace conditions, coupled with their low-income life struggles, make their foodwork duties difficult and place breastfeeding as less of a priority (Stumbitz & Jaga, 2020).

**Inadequacies in the South African maternity legislation for low-income mothers.**

South African legislature makes recommendations for maternity leave and breastfeeding in the workplace. Section 87(1)(b) of the Basic Conditions of Employment Act (BCEA 75 of 1997), in the Code of Good Practice on the Protection of Employees during Pregnancy and after the

Birth of a Child makes provision for expectant mothers in formal employment to be granted four months of maternity leave, with partial funding of up to 66% of their salary from the South African Unemployment Insurance Fund (UIF) (Department of Labour, 2002). Mothers on maternity leave are requested to apply for UIF funds through the labour court, by submitting various documentation such as application forms, banking details and a medical or birth certificate proving that they have given birth (Department of Labour, 2002). However, in order for mothers to gain access to these funds, the employer must register their employee for UIF and submit documentation as proof of employment (Matotoka & Odeku, 2020). This creates barriers to UIF funding if the employer fails to register the employee (Matotoka & Odeku, 2020). In addition, as low-income mothers usually require a full salary to sustain their needs, they typically return to work before their maternity leave is complete (Siziba et al., 2015).

This Code also makes provision for breastfeeding in the workplace by outlining that breastfeeding employees must be allowed to have two 30 minute breaks a day to breastfeed or to pump milk, every working day for the first six months of an infants' life (Department of Labour, 2003). Moreover, under section 26(1) of the BCEA, employers are forbidden to require pregnant or breastfeeding employees to conduct hazardous work (Department of Labour, 2003).

More recently, the Tshwane declaration of support for breastfeeding in South Africa was released to promote breastfeeding. This declaration outlined that exclusive breastfeeding (EBF) and combined breastfeeding rates were alarmingly low, and indicated that collective effort was needed from various stakeholders, including healthcare practitioners, the private sector, civil society, managers, and employers to promote and support EBF (Tshwane Declaration, 2011). However, this policy does not serve low-income breastfeeding mothers who work in a precarious environment where employers can easily replace them if they become disgruntled about inadequate breastfeeding policies (Son & Bauer, 2010; Stumbitz & Jaga, 2020).

### **Research aim and questions**

Foodwork experiences intersect with race, class, and gender to create inequalities that disproportionately affect mothers (Swan, 2020). This study, therefore, uses an intersectional lens (Crenshaw, 1991) to explore the lived foodwork experiences of low-income, black, breastfeeding mothers. While breastfeeding as a form of foodwork may be a relatively new and unexplored topic in organisational studies, Ferguson (1998) argued that food permeates and connects society indirectly and directly. Therefore, investigating how breastfeeding as a form

of foodwork manifests itself in the workplace for low-income mothers will offer greater depth to organisational studies because food influences all social interactions in the workplace (Cunha et al., 2008). Lee (2018) further posits that the act of working needs to be reconceptualised to accommodate the labour of breastfeeding, to ensure greater support for breastfeeding in the workplace. Thus, responding to these two calls for rethinking foodwork, work, and breastfeeding, this study aims to explore breastfeeding at work as a labour of foodwork in the workplace and to determine how race, gender, and class intersect in low-income, black women's experiences of this phenomenon. Based on the above aim, this research is directed by the following research questions:

Main question: How is breastfeeding as a form of foodwork experienced and managed among low-income working mothers in South Africa?

Sub-question: How are the mothers' identities of race, gender, and social class implicated in the themes?

### **Current debates on breastfeeding**

Breastfeeding as a topic has been considered from various perspectives, namely, the health discourse, the feminist critique of the health discourse, and the emotional connection viewpoint. For organisational breastfeeding support practices to be appropriate in diverse contexts, such as South Africa, it is critical to understand the different debates in the field.

**The health perspective for breastfeeding.** Breastfeeding is traditionally and primarily understood from the health perspective as a biological process where women feed their infants as a form of social labour (McCarter-Spaulling, 2008; Naylor, 2021). The feeding work required to ensure a healthy and well-nourished infant puts maternal breastfeeding in the spotlight (Faircloth, 2009). The 'breast is best' and 'liquid gold' ideologies relating to the health benefits of breastfeeding suggests that breast milk is the healthiest and most nutritious substance for an infant, leaving lactating mothers with a moral pressure to breastfeed (Jansson, 2009; Johnson, 2019; Knaak, 2010; Naylor, 2021; Ryan et al., 2010; Stearns, 2009). Pressure to breastfeed also comes from global bodies such as the World Health Organization (WHO) recommending EBF, without the introduction of solids or other liquids besides breastmilk, for the first six months of an infants' life to ensure the survival and optimal development of the infant (WHO, 2017). The United Nations (UN) Decade of Nutrition and the UN Sustainable Development Goals (SDG's), have facilitated a global drive towards improving EBF rates after identifying that breastfeeding is central to eradicating hunger and malnutrition (Horwood et al., 2018; UN, 2016). Breast milk is viewed as a sustainable source of food that is "low-cost, high

quality, (and) locally produced” (Labbok, 2006, p. 278) and safe from food risks such as genetic modification (Afflerback et al., 2013).

However, despite the health benefits of EBF which are embedded in rigorous evidence, South Africa’s breastfeeding rates remain low. In the most recent Demographic and Health Survey, EBF rates were found to be 31.6% among infants under six months old (SADHS, 2016). With global pressure to improve EBF, the South African Minister of Health announced that EBF rates must increase to 50% consistent with the WHO’s recommendation (Medical Brief, 2019). However, to ensure this dramatic increase in EBF rates is possible, the maternal body, especially among employed mothers, must be given a fair opportunity to breastfeed at work. In addition, most health guidelines have not considered the right for mothers to exercise choice nor that mothers’ choices are entangled in the intersection of race, class, and gender identities.

**A feminist critique of the health perspective.** The feminist perspective of breastfeeding encourages scholars to consider breastfeeding through multiple viewpoints by recognising the material conditions which enable and prevent breastfeeding (McCarter-Spaulding, 2008). McCarter-Spaulding (2008) argued that breastfeeding is a sex-specific act of foodwork, as women are solely required to invest time into the feeding process, contributing to their lack of autonomy over their bodies. Hence, while breastfeeding may be best for the infant, feminist scholars argue that it is not always best for the mother (Alburo-Canete, 2014). Racial and class disparities also influence the health imperative of breastfeeding, as social and economic factors, can inhibit mothers’ abilities to breastfeed, making breastfeeding a class and raced based privilege rather than an effective and empowering infant-feeding strategy (Alburo-Canete, 2014; McCarter-Spaulding, 2008; Witten et al., 2020). Furthermore, viewing breastfeeding through a feminist lens is important in a country like South Africa, where colonialism and apartheid have contributed to significant race and gender-based inequalities for black low-income women’s material conditions and lived realities (Trafford et al., 2020).

**Breastfeeding as a form of emotional connection.** Breastfeeding is also associated with an emotional connection, as mothers form a close bond and sense of attachment with the infant during the breastfeeding process, perceived as a sense of care and tranquillity (Johnson et al., 2009; Johnson, 2019; Naylor, 2021). Lee (2008) argued that the idea of bonding with the infant is typically considered essential for a strong emotional relationship between the mother and child as the infant grows older. Research alludes that early-onset problems in the mother-child relationship can create poor family relations or even more serious social problems of criminal and violent behaviour, which stems from impaired emotional development (Lee,

2008). This emotional connection perspective extends the ‘breast is best’ discourse beyond the nutritional aspects of breastmilk to the growing infants’ temperament. However, it contributes to the notion of ideal motherhood, where a mother is solely responsible for foodwork activities built on an individualistic model of care, as mothers are assumed to possess the knowledge, attitudes, and behaviours required to conduct breastfeeding (Abekah-Nkrumah et al., 2020). It neglects to account for the networks of care that occur in collective societies, such as South Africa, where families, friends and members from other social networks, are actively involved in the infant feeding process and decisions which come with infant feeding, such as whether to formula-feed (Trafford et al., 2020).

In contrast to the emotional connection discourse of breastfeeding, formula-feeding is associated with poor bonding habits, as the mother and infant lack a skin-to-skin connection and are consequently distant from one another (Johnson et al., 2009; Lee, 2008). Many mothers occupy a cultural context that views their foodwork choice of using formula as risky and cold-hearted, however, some lactating mothers require the convenience of formula to ease their foodwork demands (Lee, 2008). Low-income mothers typically perceive earning an income as their priority. Thus, while they still value the emotional connection of breastfeeding, they need to handle socio-cultural and economic complexities which make formula feeding an easier option (Lee, 2008; Stumbitz & Jaga, 2020).

### **Significance of this study**

This study advances the conceptualisation of foodwork as a workplace issue by creating a comprehensive understanding of breastfeeding as a foodwork occurrence. Furthermore, this study extends theory in understanding breastfeeding at work, by integrating role theory with an intersectional lens, to capture the interlocking influence of race, class, and gender on low-income black mothers’ breastfeeding and employment demands. Role theory and intersectionality are rarely used together, yet this study demonstrates the greater depth of understanding which can be generated by combining them. Finally, employers of low-income, black women could use these new insights to create more supportive and inclusive work environments.

### **Structure of the Dissertation**

This dissertation consists of five chapters. This introductory chapter introduced the current study and provided a broad overview of the research topic. The study’s aim and

research question were also presented, followed by a brief outline of the current perspectives on breastfeeding and the significance of this study. Chapter two goes on to provide a review of the current literature relating to breastfeeding and employment. This chapter conceptualises breastfeeding in the workplace by utilising role theory and intersectionality. Thereafter, chapter three describes the research method used. A detailed rationale about the research design, participants, and the data analysis technique is provided. In chapter four the findings and discussion of the findings are presented. Finally, chapter five outlines the theoretical and managerial implications of the study's findings. The limitations of the study are discussed, followed by suggestions for future research.

## **Chapter 2: Literature Review**

This chapter reviews the literature relating to breastfeeding, employment, and foodwork. The search method used to identify the relevant literature is described and an overview of the literature is provided to highlight key findings. Next, the theoretical framework of role theory to understand breastfeeding at work as an interaction of the good mother and good worker dichotomy is explained. This theoretical perspective is advanced by incorporating an intersectional lens to explore this phenomenon.

### **Literature search method**

Various procedures were utilised to acquire the relevant literature related to breastfeeding, employment, and foodwork. An initial Boolean search term of 'breastfeeding AND foodwork' was entered into the Web of Science database on the 15<sup>th</sup> of March 2021, however, no results were yielded. After reviewing the topic and recognising that the term 'foodwork' was too specific, the Boolean search term was amended to the broader term of 'breastfeeding AND employment', to gain an overview of the breastfeeding and employment research landscape. This term was entered into the Web of Science database on the 21<sup>st</sup> of March 2021. The time period of published studies was limited to those published between 2000-2021, to coincide with the release of the International Labour Organization's (2000) published document 'Maternity Protection Recommendation, 2000 (No. 191)', which served to protect maternal rights in terms of employment and breastfeeding. This search term yielded 487 results. After narrowing the results to English (471 results), articles (443 results) and 23 broad research areas related to health policy, employment, and family issues, 196 articles remained. These articles were filtered to peer-reviewed articles only, yielding 125 articles. A

summary table of these articles can be found in Table 1, Appendix A. Thereafter, a Web of Science alert was set up with the above information, which allowed for a continuous, automated search of journal articles throughout the research process during 2021. On an ongoing basis, additional articles related to foodwork, breastfeeding, and employment, were also searched for on Google Scholar.

## **Literature review**

### **Overview of studies on breastfeeding and employment**

Having reviewed the literature yielded from the above search process, certain trends were established. First, research on breastfeeding before 2016 was scarce, with a slow but steady increase between 2016 and 2020. Interestingly in 2021, there appears to be a rapid increase on the topic. The increasing prevalence of breastfeeding research may have been in response to calls from the UN (2016) and the WHO (2017) who encouraged all stakeholders, including researchers, to promote and support breastfeeding internationally. Most researchers used quantitative methods and a correlational design. Many studies used secondary data from national surveys (e.g., Laksono et al., 2021), to gather findings about breastfeeding, thus many researchers reported limitations of recall (e.g., Cervera-Gasch et al., 2020), response (e.g., Hauck et al., 2020) and social-desirability bias (e.g., Gebremedhin et al., 2021) or the inability to establish causal effects (e.g., Tsegaw et al., 2021). A fair amount of the research (43 studies) was concentrated in an American context within the medical science discipline (e.g., Hauck et al., 2020). There were 34 studies which were conducted in developing regions such as Africa, Asia and Latin America by local researchers (e.g., Horwood et al., 2020). This indicated that local knowledge on the topic was available, which was important to ensure that local contextualities and perspectives from non-Western countries were included in the review, given that the present study was being conducted in a non-Western region. Lastly, the review of the literature showed limited use of theoretical frameworks in studying this topic. This study advances literature in the area by drawing on role theory and intersectionality to firstly gain a more nuanced and in-depth understanding of breastfeeding as a form of foodwork in the workplace and secondly, to interpret the data and explain human behaviour through a strong theoretical underpinning.

### **Theoretical framework: integrating role theory and intersectionality**

Role theory is rarely considered using an intersectional lens, yet lived experiences are dependent on context and contextual issues and thus identities may shape how roles are enacted

(Ryan & Briggs, 2019). This section integrates role theory and intersectionality to frame advanced understanding on breastfeeding as foodwork.

**Role theory.** Role theory provides a rich framework to explain and understand lactating mothers breastfeeding choices in the workplace (Spitzmueller et al., 2016). Role theory is premised on the idea that employees work and family role demands compete for time and can result in personal strain or behaviour-related role pressure (Greenhaus & Beutell, 1985; Kahn et al., 1964). Katz and Kahn (1978) stated that an individual will respond differently to this strain or pressure, depending on factors such as culture, beliefs, assumptions, and role identity. However, the demands of occupying these various incompatible roles will likely lead to role conflict, as employees struggle to handle all the demands of their various roles (Baker & Salleh, 2015; Hammer et al., 2003). This conflict may persist and create a case of role overload whereby the high demands and time pressure of employees' various roles result in the employee being unable to perform one or more of the roles (Baker & Salleh, 2015). For example, Spitzmueller et al. (2016) found that as employed women attempt to reconcile both work and family roles, their ability to execute and prioritise the demands of both roles can be highly challenging. Lactating mothers may need to regularly pump breast milk or to breastfeed the infant, which forms part of their foodwork demands (Al-Attas & Shaw, 2020; Choo & Ryan, 2016; Spitzmueller et al., 2016). However, this family role demand also competes with their work role as they need to take breastfeeding or pumping breaks throughout the working day which interferes with their daily employment routine (Al-Attas & Shaw, 2020; Choo & Ryan, 2016; Spitzmueller et al., 2016). Lactating mothers, expose themselves to immense pressure, as they try to meet the demands of breastfeeding which comes with their mothering role, while simultaneously straining their bodies to ensure success in their employment role, which could lead to role overload (Lauer et al., 2019). At some point, lactating mothers will need to select a role to take precedence based on their perceptions of rewards and potential repercussions (Spitzmueller et al., 2016; Yimyam et al., 1999). Given the financial repercussions associated with poor work outputs, breastfeeding mothers tend to let their employment role take precedence over their foodwork role (Bonet et al., 2013; Chhetri et al., 2018; Horwood et al., 2020; Johnson & Salpini, 2017; Lauer et al., 2019; Leon-Larios et al., 2019; Lesorogol et al., 2017; Mandal et al., 2014; Rivera-Pasquel et al., 2015; Skafida, 2012).

**Intersectionality.** Intersectionality is an analytical framework that highlights the challenges working women experience (Hamidullah & Riccucci, 2017), by acknowledging that race, gender, and class do not operate in isolation (Crenshaw, 1991). Rather, race, gender, and class intersect to shape human experiences, thus women of colour are exposed to various

complexities in the workplace due to their interlocking social identities (Crenshaw, 1991; Hamidullah & Riccucci, 2017). Women of colour need to navigate an organisational context where they are viewed as “not white, not male, (and) not economically privileged” (Holvino, 2010), and are rather viewed as deviating from the social norm. However, despite occupying these multiple stigmatized, marginalized, and interlocking social identities (Raman, 2020; Ryan & Briggs, 2019), Holvino (2010) found that organisational studies do not acknowledge or recognise the importance of these intersections. Yet, examining motherhood through only a gendered lens creates incomplete research as women occupy various social locations (Hamilton, 2016). Women of colour mostly occupy positions towards the bottom of organisational hierarchies (Holvino, 2010) and in the South African context, tend to work in low paid jobs in the low-skilled sector (Smit et al., 2016). Thus highlighting how race and social class intersect with gender to shape lived realities for working mothers.

### **Breastfeeding in the workplace**

Breastfeeding in the workplace setting refers to lactating mothers having access to breaks during the working day to breastfeed or pump milk (Desmond & Meanery, 2016). These breaks also include adequate time to meet the demands of pumping breastmilk, such as time to clean pumping supplies, store the breastmilk and schedule time in the workday to have a pumping break (Johnson & Salpini, 2017). Workplace breastfeeding is challenging for lactating mothers (Gabriel et al., 2020; Gatrell, 2019; Johnson & Salpini, 2019; Lee, 2018). They either have inadequate private spaces, such that they have to pump milk in toilets (e.g., Hanser & Li, 2017) or undergo other forms of strain, such as dealing with disapproving supervisors and co-workers (e.g., Lauer et al., 2019), to ensure that their infants are well-nourished. These role conflicting challenges between work and family demands become major reasons for the early cessation of breastfeeding for employed mothers. For instance, Bai et al. (2015) surveyed 1738 mothers in Hong Kong and found that while 85% of mothers had returned to formal employment after having a baby, only 32% combined employment and breastfeeding for more than two weeks.

**Good worker and good mother dichotomy.** As breastfeeding mothers navigate their experiences of foodwork and employment, they contend with the inner turmoil of simultaneously occupying the roles of being a good mother and a good worker (Gatrell, 2013). The good mother discourse is understood in terms of selflessly nurturing, nourishing, and taking care of the infant (Afflerback et al., 2013; Hamilton, 2016; Hanser & Li, 2017). Naylor (2021) and Wall (2001) noted that lactating mothers experience great pressure to maintain their

role as good mothers and one key tenant of this role is breastfeeding their infant. Thus, lactating mothers are consequently shamed if their body is not used as a food source (Naylor, 2021). Literature suggests that one threat to the perception of good mothering and mothers being able to use their breast milk as a food source is employment, as they are forced to navigate the conflicting roles of simultaneously being a good mother and a good worker (Abekah-Nkrumah et al., 2019; Al-Attas & Shaw, 2020; Ariff et al., 2020; Chimoriya et al., 2020; Hanser & Li, 2017; Horwood et al., 2020; Leon-Larios et al., 2019).

In contrast to the tenets of the good mother, the good worker discourse is understood in masculine terms as an individual who can comport their body in an appropriate, professional manner, and who is devoted to their work role, which is distant from his fathering role (Acker, 1990; Gatrell, 2013; Trethewey, 1999). However, while a typical employee can separate work and personal life, a lactating mother occupies a murky territory somewhere in between (Gatrell, 2013). The lactating body, therefore, challenges the norms of the workplace, by reconciling the disjuncture “between public and private, and between personal and professional realms” (Lee, 2018, p. 78). Gatrell (2013) describes the maternal body as ‘leaky’: filled with coursing hormones that may spill out and create unpredictable emotional behaviour. The lactating body is also associated with ‘leaky’ liquid symptoms, such as tears from unpredictable hormones, bleeding from post-natal bodily processes and breastmilk (Gatrell, 2013). However, as these ‘leaky’ symptoms threaten the social norms and role of a competent worker, lactating mothers experience pressure to hide their ‘leaky’ state to maintain the perception of being a good worker (Attas & Shaw, 2020; Gatrell, 2019; Payne & Nicholls, 2010). Scholars found that employed mothers experienced hostile co-workers, who viewed them as disgusting and intellectually incompetent, due to their ‘leaky’ nature (Desmond & Meaney, 2016; Gabriel et al., 2020; Gatrell, 2013). Hence, mothers try to hide their foodwork experiences, in an attempt to distance their mothering role from their working role (Al-Attas & Shaw, 2020; Yimyam et al., 1999).

***Social identity.*** Social identities add a layer of complexity in the good mother, good worker dichotomy, as they intersect to influence black, low-income workers mothering experiences. Siziba et al. (2015) found that low-income, lactating, South African women were forced to reconcile their mothering role with employment, as they could not cope with the financial strain associated with remaining at home after birth. Middle and high-income mothers in professional occupations are more likely to have choices that include taking additional leave or resigning from employment to meet mothering and foodwork demands (Setty et al., 2020; Urban & Olson, 2005). Further, middle and high-income working women are more likely than their low-income counterparts, to have a supportive and conducive working environment to

reconcile their role demands, and a stable form of income (Hagelskamp et al., 2011; Mammen et al., 2009; Urban & Olson, 2005). Low-income workers also lack the autonomy, bargaining capacity, and will to negotiate terms with their employer, out of fear of losing their job (Gatrell, 2019; Hagelskamp et al., 2011; Heck et al., 2006). Spencer et al. (2015) found that low-income African American workers found it difficult to get pumping accommodation, due to their subordinate position, indicating the intersection of race, gender, and class on their bargaining capacity in the workplace.

The intensive demands of low-income work have caused mothers to struggle to meet their breastfeeding goals (Lee, 2018; Mirkovic et al., 2014). Kozhamannil et al. (2016) found that a class divide existed in the American context, as only 40% of the 550 lactating mothers who participated in the study, had access to a private space for breastfeeding and a breastfeeding break. Most of the women who had these allowances were white, married, and non-Hispanic. Women of minority racial groups and in lower-earning jobs lacked access to breastfeeding facilities to reconcile their work and mothering roles. Johnson et al. (2015) also found through a systematic review that low-income African-American mothers had poor breastfeeding initiation and duration rates, as their interlocking identities of black, female, and low social class, meant that they were more likely to experience unsupportive workplace breastfeeding policies and poor social support. Return to work, therefore, resulted in poorer breastfeeding initiation and duration rates for low-income workers, in comparison to mothers with a higher social class (Heck et al., 2006; Mirkovic et al., 2014).

**Intensive mothering.** The ideology of intensive mothering was first proposed by Hays (1996), who argued that the ideal maternal figure is understood as a child-centred, emotionally absorbing expert, who is willing to solely undergo labour-intensive, physically, and emotionally draining and financially straining tasks to support the child. The maternal body thus serves to be the central caregiver through breastfeeding, as mothers invest time, energy, and effort to put their children's needs above all else (Hays, 1996; Lee, 2008). Hanser and Li (2017) and Lee (2008) noted that breastfeeding goes beyond merely feeding the infant and requires intense maternal foodwork, as mothers make a commitment to bond with and nourish the infant despite their working role. Given the health discourse of breastfeeding, weaning the infant off breastmilk, introducing formula, or ceasing breastfeeding to make allowances for other needs, such as work demands, is typically unacceptable (Hanser & Li, 2017; Lee, 2008). However, not all mothers can commit to these rigorous foodwork duties as typical intensive mothering standards are reflective of white, middle-class women (Elliott et al., 2015; Hays, 1996).

Spencer et al. (2015) found through a sequential-consensual qualitative design that African American mothers experiences of oppression made it challenging for them to breastfeed. These women occupied lower-paying jobs, in subordinate positions which left them with little autonomy and feelings of disempowerment, making it difficult and impractical to pump breastmilk (Spencer et al., 2015). Witten et al. (2020) also found that the intersectionality of inequality and poverty left low-income South African mothers feeling distressed, which hindered their ability to exclusively breastfeed. Studying white, educated, and class-privileged lactating mothers, Avishai (2007) found that they viewed breastfeeding as an intense project which required extensive research and planning. They could afford to draw on expert knowledge and professional advice to guide their lactating body, as breastfeeding was considered a project of utmost importance and thus, worthy of intensive mothering (Avishai, 2007). In a longitudinal qualitative study, Felice et al. (2016) found that mainly white American mothers decided to resort to pumping breastmilk after returning to work. While these women experienced moving from breastfeeding their child in person to pumping breastmilk at work as a difficult decision because of giving up the emotional connection, pumping was viewed as the most practical choice to continue meeting their breastfeeding and work demands (Felice et al., 2016). However, this kind of decision is much harder for black, working-class mothers, whose intersecting identities of being 'black' and 'poor', have depicted them as being incapable of good child-rearing in public discourse (Hamilton, 2016). These mothers are exposed to further feelings of guilt and remorse, for not upholding white intensive mothering standards (Elliott et al., 2015; Hamilton, 2016; Wright et al., 2015).

### **Final Notes**

This chapter has explored the phenomenon of breastfeeding as a form of foodwork and discussed the intersectional complexities associated with intensive low-income work and mothering duties. Literature relating to breastfeeding, employment, and foodwork was reviewed, and the frameworks of role theory and intersectionality were both utilised to understand low-income, black, lactating mothers, foodwork experiences. While the concept of breastfeeding as a form of foodwork is a relatively new and largely unexplored topic in organisational studies, this study aims to explore how mothers experience and manage employment and foodwork role demands. As role theory has not been considered with an intersectional lens, this exploration was deemed necessary as race, gender, and class intersect to shape mothers foodwork experiences, particularly in the context of South Africa with persisting inequalities from colonial and apartheid histories.

### Chapter 3: Method

This study aimed to explore the phenomenon of breastfeeding at work as a labour of foodwork in the workplace among low-income, black women through an intersectional lens. This chapter is divided into five parts: the research approach, data collection, procedure, data analysis and rigour.

#### Research Approach

To explore and gain insight into the lived realities of low-income, black women's foodwork experiences, a qualitative research approach was utilised. This approach was informed by the researcher's interpretivist research philosophy. The interpretative paradigm holds that knowledge emerges from contexts (Wilson & MacLean, 2011). Additionally, interpretivism assumes that individual experiences are the 'truth' and that the world is understood through these subjective experiences (Wilson & MacLean, 2011). Interpretivism holds that human experiences are highly intertwined with the social world (Bonache & Festing, 2020). Accordingly, a qualitative research approach helped gain an in-depth understanding of low-income mothers foodwork experiences as they intersect with different social identities (Babones, 2016; Jensen & Laurie, 2016; Leedy & Ormrod, 2014).

By centring low-income woman's voices and the influence of social identities on lived experiences, this research moves towards epistemic justice as white, middle-class voices and experiences are typically advanced in feminist research and scholarship at the expense of black woman's lived realities (Kendall, 2020). In addition, this study sought to examine the contextual realities of black, low income workers to deeply understand their lived experiences. Thus, from an ontological perspective, this research is deeply centred around how these woman's material circumstances and contextual complexities have shaped their foodwork experiences (Trafford et al., 2020).

Hayes (2000) and Leedy and Ormrod (2014) argue that a qualitative research approach is typically useful and appropriate when there is a lack of theory or little is known about a research topic such as breastfeeding as a form of foodwork in the workplace.

**Secondary data.** From a methodological perspective, given the lack of research on the topic, secondary qualitative data were analysed from Stumbitz and Jaga's (2020) study. This methodology was appropriate given the time and resources available to the researcher to conduct the study. Secondary data analysis (SDA) is typically used in qualitative research

studies to create a better understanding of a new or unexplored phenomenon (such as breastfeeding as a foodwork phenomenon in the workplace), to gain further insight into the topic and to inform future primary data collection (Heaton, 2008; Long-Sutehall et al., 2010; Sherif, 2018). SDA also allows researchers to build on previous studies to rapidly generate new knowledge (Bishop & Kuula-Lummi, 2017; Karcher et al., 2021). The intended sample of low-income, black, breastfeeding mothers were already accessed and interviewed for a previous study on the maternal bodywork that South African mothers encountered (see Stumbitz & Jaga, 2020), which made the SDA a viable option. As themes of foodwork, role demands, and intersectionality emerged in the dataset, SDA was considered suitable, as these themes were present (Heaton, 2004; Sherif, 2018).

According to Heaton's (2004) classification, this SDA study was a supra analysis, as the researcher transcended the focal point of Stumbitz and Jaga's (2020) study, to explore "new empirical, theoretical or methodological questions" (p. 38). Heaton (2004) argued that several researchers have depended on SDA to answer new research questions or to examine primary data from a novel perspective. The primary researcher sought to do both, through the secondary data exploration of breastfeeding as foodwork.

The use of secondary data was further deemed a responsible choice for the present study, as Van den Eynden (2011) argued that it is a researcher's social and ethical responsibility to utilise secondary data when it is available, given that it reduces the burden on participants. From an axiological perspective, Van den Eynden (2011) noted that it is unnecessary to burden participants and conduct primary data collection when there is a variety of rich data sources readily available for researchers to use. In addition, considering that the target population for this study was a vulnerable group (low-income black women), it was critical to avoid targeting an already vulnerable, marginalised group for a second study (Allen, 2017; Mermet-Bouvier & Whalen, 2020), when the population's secondary data was easily accessible. Nijhawan et al. (2013) posited that it is a researcher's ethical duty to ensure vulnerable groups are safeguarded in research studies and are only included in research when it is absolutely necessary. As the principle of nonmaleficence guided the research inquiry, it was important to not create difficulties for this group (Allen, 2017). The target population is a time-stretched group: the women need to navigate long commutes to work, endure inflexible working hours and intensive caregiving demands as many of them are single parents (Johnson et al., 2015; Stumbitz & Jaga, 2020). More specifically, during the current times of the coronavirus pandemic, low-skilled, female workers from the Global South are particularly vulnerable and constrained due to precarious work situations, unpaid labour, and family kinship obligations (Parry & Gordon,

2020). Hence, it would have been irresponsible to collect primary data and consume these individuals' time, when this group had already been accessed (Van den Eynden, 2011). Thus, in keeping with the guiding axiological principals of respect and reciprocity, the SDA was deemed suitable (Kivunja & Kuyini, 2017).

There are various benefits associated with the use of secondary data: it can contribute to the creation and development of theoretical knowledge, the introduction of various researchers' perspectives, improved methods and techniques for data analysis, and reduced costs (Heaton, 2004; Ruggiano & Perry, 2017). This study benefited from all these merits. Theoretical knowledge was generated to create a more comprehensive understanding of breastfeeding as a foodwork occurrence in the workplace. During supervision meetings, the data were discussed between the researcher and supervisor, and various perspectives were considered, debated, and reflected on. Through this process, attempts were made to improve SDA techniques by guaranteeing a rigorous process was used to ensure the trustworthiness of the analysis. Additionally, as the interview data were already collected, time and financial expenses (e.g., conducting interviews and recording equipment), as well as safety concerns associated with primary data collection during a pandemic, were avoided. Given the current mandate in South Africa to avoid unnecessary gatherings to prevent the transmission of the Coronavirus during the third wave, the researcher did not risk the participants' health and safety.

### **Data Collection**

**Sampling.** Stumbitz and Jaga (2020) recruited the sample through two non-probability sampling approaches, namely purposive and snowball sampling techniques. Purposeful sampling is widely used among qualitative researchers as it allows them to identify and select information-rich cases that can offer a rich source of insight into the research phenomenon (Palinkas et al., 2015; Patton, 2002). A specific subset of the South African population: low-income, black mothers, who were employed during pregnancy and returned to work post-maternity leave, who had a child born after 2011 following South Africa's adoption of the Tshwane Declaration of Support for Breastfeeding, were selected (Stumbitz & Jaga, 2020).

The snowball sampling approach, the most common qualitative sampling technique, allowed participants in the study to recruit future participants among their acquaintances (Kirchherr & Charles, 2018; Noy, 2008). This approach is beneficial in qualitative research as it increases the sample size: past participants generate a sense of trust with the researcher and affirm the trustworthiness of the study, thus 'vouching' for the researchers when recruiting new

participants (Kirchherr & Charles, 2018; Noy, 2008). Considering that the participants were a vulnerable group (Allen, 2017), this sampling approach ensured that the researchers and the study could be viewed as honourable (Kirchherr & Charles, 2018). These sampling techniques were also appropriate for the present study, as the researcher sought to gain in-depth, rich insight into breastfeeding as a foodwork phenomenon among low-income mothers. Thus, the above sampling techniques would have been utilised if primary data was being collected.

**Sample.** Table 2 below describes the sample of low-income mothers ( $N = 33$ ). Their ages ranged between 23 and 45 years. All were black, identifying as either African Black ( $n = 11$ ) or coloured ( $n = 22$ ), and earned less than R4500 per month. They worked in a diverse range of industries and organisations, such as “factories, restaurants, domestic work in private homes, cleaning, retail, hospitals, education settings and the public sector” (Stumbitz & Jaga, 2020, p.1489). These participants should have all been protected by maternity legislation, including maternity leave and breastfeeding breaks (Stumbitz & Jaga, 2020).

**Measuring instrument.** Stumbitz and Jaga (2020) collected data from mothers, managers, health experts, and unions as part of a large three-year project on advancing workplace support for breastfeeding. As the present study sought to explore breastfeeding as a foodwork occurrence, only the 33 face-to-face, semi-structured, in-depth interviews with mothers, conducted during the exploratory phase of their study were utilised.

Interviews allow researchers to explore and discover the underlying experiences of the interviewees and to delve into their circumstances in greater depth (Jensen & Laurie, 2016). While interviewees’ responses can be influenced by the interviewer’s demeanour (Jensen & Laurie, 2016), the interviewers attempted to create a safe place for participants to share their experiences through the semi-structured interview design. For example, when a participant felt nervous about her interview content being shared with her employer, she was reassured that all content was confidential and that she could stop the interview at any point. Participants were also frequently asked if they felt comfortable or if they required a short break and encouraged to ask the interviewers questions for clarity. The semi-structured interviews created a conversational, free-flowing, and informal interview style (DeJonckheere & Vaughn, 2019; Longhurst, 2003). These kinds of interviews follow semi-structured interview guides, which are a schematic list of questions that need to be explored comprehensively (Jamshed, 2014). These guides consist of core questions that are central to the topic, such as “what influenced your decision to breastfeed or not?” and “did you feed her (infant) by breast? By bottle? What did you do?” and associated questions, which are related to the central question, such as “did you know about any rights around breastfeeding, when you got back to work?” or “who would

look after him (infant) when you went to work?” (Jamshed, 2014). Thus, allowing the interviewees to answer both open and closed-ended questions, while the interviewers could probe, comment or ask further questions for clarity or depth of understanding (DeJonckheere & Vaughn, 2019; Jamshed, 2014). One interviewer probed the interviewee to gain additional insight into the nature of the mother’s employment contract and commuting costs: “do you use a taxi or train?....Okay, so does it come out of your pocket or the employer’s pocket?” This enabled the interviewer and interviewee to establish a dialogue that was flexible and flowed easily (DeJonckheere & Vaughn, 2019).

The choice of semi-structured interviews allowed the interviewers to explore and delve into the interviewee’s beliefs, thoughts, feelings, and lived experiences, regarding breastfeeding and bodywork (DeJonckheere & Vaughn, 2019; Stumbitz & Jaga, 2020). For example, the interviewers regularly attempted to get the interviewees to reflect on their infant feeding practices (formula, breast milk, cup-feeding, pumping) and to explain value systems, cultural beliefs, and health perspectives that shaped feeding habits. Thus, meaningful data could be generated through this information-rich insight (Adams, 2015). For example, the interviewers were exposed to the African cultural belief about the healing properties of water for infants and gained clarity on how this belief shaped foodwork choices, which is discussed further in the findings chapter. The face-to-face nature of the interviews also allowed the interviewers to establish rapport and a sense of trust with the participants which often generate a richer insight into the research topic (Jensen & Laurie, 2016). Additionally, given the sensitive and intimate nature of sharing breastfeeding experiences (Thompson et al., 2020) and the risks associated with breaching confidentiality, face-to-face interviews were a suitable data collection technique to ensure respect for the interviewee (Gray, 2014). Each interview was recorded and transcribed in English, to create a verbatim transcript of the interview (Stumbitz & Jaga, 2020), that could be analysed by the present researcher.

## **Procedure**

To ensure this study met the necessary ethical requirements, ethical clearance was obtained for this study’s use of the secondary data (REC 2021/06/009) from the Faculty of Commerce Ethics in Research Committee at the University of Cape Town (UCT) (see Appendix B for the document outlining ethical clearance).

**Demographics Table**

Table 2

*Participant Information*

| <b>Participant Number</b> | <b>Age</b> | <b>Race</b>           | <b>Marital status</b> | <b>Type of work when participant had a baby</b> | <b>Type of work currently</b>          |
|---------------------------|------------|-----------------------|-----------------------|---|--|
| Mother 1 (M1)             | 33         | Black African         | Single                | Worker in restaurant back kitchen               | Domestic worker 2 days per week        |
| Mother 2 (M2)             | 33         | Black African         | Single                | Administrator in panel beating business         | Domestic worker 2 day per week         |
| Mother 3 (M3)             | 42         | Black African         | Single                | Waitress in casino                              |  |
| Mother 4 (M4)             | 39         | Black African         | In relationship       | Inventory clerk in retail sector                | Same job                               |
| Mother 5 (M5)             | 45         | Black African         | Married               | Private cleaning company in government hospital | Administrator in government department |
| Mother 6 (M6)             | 45         | Black African         | Single                | Food manufacturing                              | Domestic worker 2 days per week        |
| Mother 7 (M7)             | 34         | Black African         | In relationship       | Packer in clothing factory                      | Same job                               |
| Mother 8 (M8)             | 23         | Coloured              | Single                | Food retail cashier                             | Currently unemployed looking for work  |
| Mother 9 (M9)             |            | Coloured              | Married               | Contract cleaner                                | Unemployed                             |
| Mother 10 (M10)           |            | Coloured              | In relationship       | Council employee                                | Factory worker                         |
| Mother 11 (M11)           | 25         | Black African         | Married               | Waitress in a restaurant chain                  | Same job                               |
| Mother 12 (M12)           | 27         | Black African         | Single                | Kitchen staff in a restaurant chain             | Same job                               |
| Mother 13 (M13)           |            | Black<br>(Zimbabwean) | Married               | Waitress in a restaurant chain                  | Same job                               |
| Mother 14 (M14)           | 44         | Black African         | Single                | Waitress in a restaurant chain                  | Same job in a different branch         |
| Mother 15 (M15)           | 32         | Black African         | Single                | At school                                       | Waitress in a restaurant chain         |
| Mother 16 (M16)           | 38         | Black<br>(Zimbabwean) | Married               | Stay at home mom                                | Waitress in a restaurant chain         |

| Participant Number | Age | Race          | Marital status                | Type of work when participant had a baby | Type of work currently                        |
|--------------------|-----|---------------|-------------------------------|--|---|
| Mother 17 (M17)    | 29  | Coloured      | Single                        | Machinist clothing factory               | Machinist in a different clothing factory     |
| Mother 18 (M18)    | 26  | Coloured      | Single                        | Unemployed                               |   |
| Mother 19 (M19)    | 24  | Coloured      | Partner (not living together) | Machinist clothing factory               | Same job                                      |
| Mother 20 (M20)    | 24  | Coloured      | Married                       | Quality controller                       | Presser clothing factory                      |
| Mother 21 (M21)    | 24  | Coloured      | Married                       | Waitress                                 | Same job                                      |
| Mother 22 (M22)    | 27  | Black African | Married                       | Cashier                                  | Same job                                      |
| Mother 23 (M23)    | 39  | Black African | Married                       | Domestic worker                          | Same job                                      |
| Mother 24 (M24)    | 34  | Black African | In relationship               | Kitchen staff                            | Cook  |
| Mother 25 (M25)    |     |               |                               | Presser clothing factory                 |   |
| Mother 26 (M26)    | 38  |               | Married                       | Cleaner at a university                  |   |
| Mother 27 (M27)    | 27  | Black African | Single                        | Waitress in a restaurant chain           |   |
| Mother 28 (M28)    | 23  | Coloured      | In relationship               | Sales assistant at a retail store        | Same job                                      |
| Mother 29 (M29)    | 30  |               | Single                        | Cleaner at a university                  | Same job                                      |
| Mother 30 (M30)    |     |               | Single                        |  | Same job                                      |
| Mother 31 (M31)    | 23  | Black African |                               | Stay at home mom                         | General and sales assistant at a retail store |
| Mother 32 (M32)    | 34  | Black African | In relationship               |  | Same job                                      |
| Mother 33 (M33)    | 29  | Black African | In relationship               | Unemployed                               | Sales agent                                   |

*Note.* Participants details were not available for areas that are blank in the table.

Once the researcher was granted access to the secondary qualitative data, via an email from the researcher's supervisor, all 33 transcribed interview documents were downloaded and opened on Microsoft Word. A process of pre-analysis was undertaken, as the researcher searched for elements of foodwork and role demands through an intersectional lens within the transcripts, to ensure they were suitable (Chatfield, 2020). The quality of the data was also considered at this stage, by examining the accuracy, richness, depth, and completeness of the dataset (Hinds et al., 1997; Sherif, 2018). To do this, the researcher read through and created initial codes from seven transcripts to determine if the relevant themes emerged and were captured in sufficient detail. The researcher met with her supervisor after this to discuss the initial codes and the breadth of the dataset.

The trustworthiness of the data was considered during this stage (Sherif, 2018). The following ethical principles guided the researcher's inquiry: establishing respect for participants, verifying informed consent, ensuring voluntary participation, no coercion, and checking that no participant was harmed or deceived (Ruggiano & Perry, 2017; Vanclay et al., 2013). All participants consented to their participation in the study and agreed to be recorded during the interview (Stumbitz & Jaga, 2020). The primary study was granted ethical clearance by the Faculty of Commerce Ethics in Research Committee at UCT (REC2017/05/006). While the researcher had access to the original interview transcripts, none of the participants were identified or named in the present study, to maintain confidentiality and protect their identity (Sherif, 2018). By doing so, the researcher promoted the ethical sharing of participants experiences (Karcher et al., 2021). The researcher also determined that the quality of the dataset was trustworthy, as it underwent a rigorous peer-review process (Chatfield, 2020; Stumbitz & Jaga, 2020).

Additional ethical considerations associated with the use of secondary data was contemplated at this stage. Ruggiano and Perry (2017) found that the primary ethical concern regarding qualitative SDA was surrounding issues of methodological rigor. Walters (2009) outlined that the socio-cultural-political context influences data collection, thus SDA must occur in a similar time period to the original data collection. As Stumbitz and Jaga (2020) collected data during 2017-2018 and their article was published in 2020, the present study conducted SDA in a fairly close time period. It is beneficial for researchers involved in the initial study to be involved in the SDA, as they have a better understanding of the study context and can be consulted during the interpretation of the results (Heaton, 2008; Ruggiano & Perry, 2017). As one of the original researchers was involved in this study, in a supervisory capacity,

deeper insight into the study context was generated through this collaborative interaction, which added to the study's rigor (Karcher et al., 2021).

After the ethical considerations of secondary data use were resolved, data analysis was conducted. An audit trail was developed by clearly documenting the data analysis process and the decisions that led to the findings (Chatfield, 2020). The researcher saved all the transcripts, initial notes, codes, coding memos, and theoretical diagrams (Chatfield, 2020) on Microsoft Word and the NVivo12 software program for qualitative research (Zamawe, 2015). NVivo12 was also used to manage and store the data, as it automatically created recovery files to back up the data (Zamawe, 2015). Following this, the data were then analysed using Braun and Clarke's (2006) six-step guide to thematic analysis.

### **Data Analysis**

Braun and Clarke's (2006) approach to thematic analysis allows researchers to explore and interpret participants lived experiences, making it a popular analysis technique for qualitative researchers, given its flexible and open-ended style (Nowell et al., 2017). They propose six steps to data analysis. During the first step, the researcher became familiar with the data by reading the transcripts and noting important points, to become immersed in the dataset (Braun & Clarke, 2006). Given that the concept of foodwork was not explored in breastfeeding research before, the researcher opened all transcripts onto a Microsoft Word document and highlighted areas of the transcripts which captured the foodwork concept and made initial points to link this concept to intersecting identities of race, gender, and class. Thereafter, the researcher met with her supervisor to discuss the transcripts, the emerging concepts and the next steps of the analysis process.

During step 2, initial codes were generated manually by coding important information into smaller chunks of meaning across the datasets on NVivo12 (Zamawe, 2015), to develop a coding scheme (Braun & Clarke, 2006). This initial coding stage resulted in 74 codes. A few of the codes included in the final thematic framework file included: "breast as empty and finished", "combining work and foodwork is difficult", "difficult working conditions" and "express in bathroom" (see Table 3 in Appendix C for the rest of the coding scheme). While the researcher was familiar with literature about workplace breastfeeding, unique codes emerged from the data analysis that was related to foodwork as a workplace activity, such as "tablets to alter milk production".

After reviewing the codes, the coding scheme was shortened to a list of 62 codes, which captured information most pertinent to the research question. To shorten the coding scheme,

all codes were separated into two files: initial codes and thematic framework. Codes that only had a few references or were interpreted to have limited prevalence in shaping mothers' experiences, such as: "cup-feeding" and "breasts not sore" were put into the initial themes file and consequently excluded from the thematic analysis. All other codes were put into the thematic framework file. Thereafter, similar codes were merged into one code, for example, "breastfeeding before work", "breastfeeding after work" and "shifting breastfeeding pattern" became the code "alter foodwork hours".

Potential themes were then created during step 3, by gathering significant codes which were important to the theme (Braun & Clarke, 2006). A semantic approach was adopted to distinguish the themes that emerged from the dataset and to interpret the broader meaning of the themes in relation to current academic literature (Braun & Clarke, 2006). During step four, all themes were reviewed to determine whether they captured information from the coded extracts and the dataset as a whole (Braun & Clarke, 2006). After this process, four main themes emerged from the dataset: (1) foodwork experiences and precarity in the workplace, (2) structural inequalities and foodwork, (3) gender norms and social class: shaping childcare and foodwork and, (4) local knowledges and foodwork. Refer to Table 4 for the list of themes that emerged via the thematic analysis. Themes were then defined to determine the essence of each theme, during step 5 (Braun & Clarke, 2006). In the final step, the thematic analysis findings were written-up, to reflect how low-income, black mothers experienced and managed breastfeeding as a form of foodwork in the workplace (Braun & Clarke, 2006).

Table 4

*Themes that Emerged via the Thematic Analysis*

| Name of Theme   | References |
|---|------------|
| Foodwork experiences and precarity in the workplace           | 551        |
| Structural inequalities and foodwork                          | 80         |
| Gender norms and social class: shaping childcare and foodwork | 141        |
| Local knowledges and foodwork                                 | 389        |

## **Research Rigor**

Rigor was established by applying the four criteria outlined by Lincoln and Guba (1986) of credibility, dependability, transferability, and confirmability. Reflexivity was also established to ensure the researcher critically reflected on their subjective experiences of interpreting the data and positioning themselves within the research (Dodgson et al., 2019). Through this process of establishing self-awareness, the researcher's viewpoint and assumptions were exposed and the influence of these factors on the research process was considered (Dodgson et al., 2019).

**Credibility.** Credibility's purpose in qualitative research is to ensure the results from participants perspectives are believable, credible, and accurately represent their views (Lincoln & Guba, 1982). To ensure the study was credible, the researcher had peer debriefing sessions (Forero et al., 2018) during supervision meetings, to discuss the research and data analysis process. Throughout the dissertation process, the researcher's supervisor offered regular guidance on each step of the research process, assessed each draft chapter submission, and offered insight and feedback to improve the quality of the research. Additionally, the supervisor also coded three of the interview transcripts, in line with the research question, to establish similarities and differences in the coding patterns and to enhance the overall coding accuracy. This prolonged engagement between the researcher and supervisor throughout the research process ensured the credibility of the research findings (Forero et al., 2018).

A panel of academics also reviewed a research proposal that outlined the various chapters of the dissertation, to ensure the study was appropriate and viable.

**Dependability.** The findings of this qualitative inquiry were deemed dependable, as the entire research process followed a logical sequence and a rich description of the research method was documented (Forero et al., 2018). An audit trail was also developed to ensure other researchers could follow or mimic the research process (Forero et al., 2018; Lincoln & Guba, 1982). For example, all interview transcripts, initial notes, codes, coding memos, and theoretical diagrams were kept, to ensure a detailed track record of the data analysis process was established (Forero et al., 2018). See Appendix D for an extract from a coding memo and Appendix E for the thematic maps used to develop the themes and the figure which represents the relationship between the themes.

**Transferability.** Transferability's purpose is to ensure the study and research findings can be transferred and generalised to various other contexts and settings (Forero et al., 2018; Lincoln & Guba, 1982). Forero et al. (2018) outlined that by purposefully sampling participants to create a nominated sample, the sample should represent individuals from a variety of

settings. However, Barratt et al. (2015) noted that purposive samples cannot always be generalised to other populations. Therefore, the study context was outlined in detail by describing the participants lived realities through intersecting identities. Additionally, the Method chapter offered a rich description of the research process, so that the study could be replicated in various contexts (Lincoln & Guba, 1982).

**Confirmability.** Confirmability is concerned with the degree to which other researchers could confirm the present study's findings (Forero et al., 2018; Lincoln & Guba, 1982). Confirmability also ensures that the study findings reflect participants experiences, beliefs, and viewpoints, rather than the researcher's biases and assumptions (Lincoln & Guba, 1982). Confirmability was achieved through the process of reflexivity.

**Reflexivity.** To thoroughly reflect on the research process, Berger (2015) and Jootun et al. (2009) suggest that researchers adopt a reflexive undertaking from the beginning of the research process when the research question was first developed through to the data analysis phase when findings from the dataset were interpreted. Hence, the following reflection outlined my reflexive process during the different stages of the research process.

At the beginning of the research process, I knew that I wanted to conduct a study about breastfeeding in the workplace. As someone that was always interested in socially responsive research, I felt drawn to the breastfeeding topic as I knew it would allow me to develop a Master's Dissertation which focused on a public health and gender equality at work issue. After exploring current research on the topic, I came across a journal article that was co-authored by my supervisor, and instantly knew I wanted to delve into the lived realities of low-income, black women, in order to develop a dissertation that could provide insight into the struggles of low-income workers and create recommendations to make workplaces more inclusive. After my supervisor proposed the idea of exploring breastfeeding as a labour of foodwork in the workplace and we decided to use her primary data to delve into this seemingly new and under-researched topic, I began to navigate the experiences of these low-income working mothers.

As I was not involved in the data collection, the first time I truly engaged with the data and read the transcripts, I was struck by the stark contrast between myself and these women. While I also identify as a black, coloured woman, my middle-class status means that I live in a completely different social world to the study participants. We may share the same race and gender, however, our class has created a divide which means that our daily experiences of oppression and privilege are vastly different. We are by no means a homogenous group, despite our similar, intersecting social identities, as my middle-class, privileged status has afforded me

opportunities that differ from these women. I have access to good quality education, medical aid, a private vehicle, and consistent family support, which offer me great upward mobility.

I had the opportunity to complete three degrees at the University of Cape Town. Through these degrees, I have been granted a world-class education, which should allow me to get a good job and live a comfortable life. I am fortunate enough to have financial support from my family during this time, which means that I do not need to get a full-time job. This affords me the chance to focus on my education. I also have access to a car, which makes my daily commutes to and from university and other social settings, very easy. In contrast to my experiences, the study participants outlined the difficult and unsafe commute they had. Many low-income mothers spent hours on public transport to get to work and back home. These women also had little opportunity for progression as many were unable to enrol in a higher education institution because of financial constraints, and many needed to support extended family. The low-skilled nature of their work also meant that there was little opportunity for extensive career growth. Many women were single mothers and breadwinners, which meant that they needed to work out of economic necessity to support their children and other family members. Accordingly, they had spent limited time with their infants. While I am not a mother myself, the mere thought of separating from an infant a few weeks after their birth is difficult to comprehend. Likely because my social class status means that I will probably not need to contend with the inner turmoil of experiencing that in the future.

As I reflect on these interviews, I cannot help but think about how South Africa has failed these women. We are 27 years post-apartheid and have strong democratic legislation. Yet, while our laws aim to dismantle racial segregation, they lack the sensitivity to class issues. Despite our system failing these women, something which struck me from the interviews was how hopeful these mothers were. Notwithstanding the challenges they faced and the difficulties of their lived experiences, they remained hopeful for the future. I hope that I do justice to these women by bringing across their bravery and resilience through the interpretation of my study findings.

#### **Chapter 4: Findings and Discussion**

This study aimed to explore the phenomenon of breastfeeding at work as a labour of foodwork in the workplace and to understand how race, gender, and class intersect in the lived realities of low-income, black women's foodwork experiences and management techniques. This chapter presents the four themes identified through the thematic analysis of the data: (1)

foodwork experiences and precarity in the workplace, (2) structural inequalities and foodwork, (3) gender norms and social class: shaping childcare and foodwork and, (4) local knowledges and foodwork.

### **Theme 1: Foodwork experiences and precarity in the workplace**

Low-income, black mothers faced various challenges which influenced and sometimes hindered their ability to conduct their foodwork. These women experienced an arduous and precarious low-income work context, which made it difficult for them to breastfeed. Many of the mothers felt that their work was basic and required minimal skill which made them feel easily replaceable. This meant that they worked long hours and were nervous to take lunch hours or breastfeeding and pumping breaks. Hence, working as a lactating mother was a very challenging task, as these women struggled to meet their foodwork demands.

One mother (M17) described the basic nature of her work:

It's basic, you don't have to be a scientist to put a garment together. So they (the employer) can just, you are easily replaceable. They don't have to sit there and deal with your stuff and help you. They will just tell you I'm giving you like a two week period...I am giving you that mercy...(but) we have to let you go. (M17, 29 years of age, machinist clothing factor).

This mother described how she believed that her work did not require any skills, which made her feel easily replaceable. She explained how employers could effortlessly fire their current workers and bring on new employees, given the precarious and unskilled nature of the low-income work context. Previous literature found that low-income work lacked job complexity and only required unskilled or low-level skilled workers, which meant that workers were easily replaceable and lacked job security due to their work's precarious nature (Hagelskamp et al., 2011; Murtagh & Moulton, 2011; Ravesteijn et al., 2017; Son & Bauer, 2010).

Another mother (M23) similarly felt that she could be easily fired, which influenced her foodwork activities:

I was feeling scared...sometimes she (the employer) was promising me she was going to fire me... she is complaining... so I feel scared... when she comes back, when I heard there is a sound for the car outside then I start to run and then take my bottles (of pumped milk) and then...I put in my bag. (M23, 39 years of age, domestic worker).

This mother described how scared she was when working, as her employer threatened to fire her multiple times. The experiences of this mother highlight how employers try to intimidate workers in wage labour, to ensure they work properly. If their work was not acceptable, they risked losing their livelihood. This meant that this mother (M23) had to hide her foodwork activities while at work even though she is legally entitled to breastfeeding breaks, as she felt that if her employer knew she pumped milk, she would lose her job. By hiding her foodwork activities, she demonstrated how foodwork was considered inappropriate in the low-income work context. Previous scholars have also found that mothers attempt to hide their 'leaky' state in the workplace, to maintain their good worker status (Attas & Shaw, 2020; Gatrell, 2013; 2019; Payne & Nicholls, 2010). This mother's (M23) experience also illustrates the ways in which black women's racialised class makes their working and mothering experiences unique; the precarity of their employment and their daily battles to remain above the poverty line mean that the women are forced to choose financial security and sustainability for their families above practising foodwork. The opportunity to sustain employment and conduct foodwork is explained to be a luxury that many black, working-class mothers are not afforded. This finding is consistent with previous studies that also found that black lactating mothers in low-income jobs, attempt to meet the demands of breastfeeding while simultaneously straining their bodies to ensure success at work (Baker & Salleh, 2015; Gatrell, 2019; Lee, 2018).

A mother, working as an administrator in a panel beating business (M2) described through the help of a translator, the unsafe working conditions she was exposed to five months after childbirth and how this influenced her ability to conduct foodwork:

I found out that I had T.B. Then the workplace, the environment was full of chemicals and they used the sprays, the motor sprays, so that wasn't good for me...(I was) advised not to breastfeed. (M2, 33 years of age, administrator in panel beating business).

Researchers have found that women expose themselves to hazardous substances when conducting low-income work, which can create health-related risks (Arbuckle, 2006; Santhi et al., 2016), such as contracting respiratory diseases (Elser et al., 2018). This mother was, therefore, not able to breastfeed or pump at work, due to the risk of exposing her infant to these hazardous substances.

Various other mothers noted the difficulties of pumping in the low-income work context as they felt uncomfortable and were nervous about their managers and co-workers

knowing they pumped at work. One of the mothers shared with a few nervous laughs, her belief that pumping was viewed as unsuitable:

It's like people, they know that you have a baby but then when you... express milk, they are not into that 'kind of thing'... you had to hide actually...(laughs)... they believed that expressing milk is for white people. The thing is just that, one day he (the boss) saw a bottle, the milk in...a work freezer, so he freaked out when he saw that, he was like 'I don't want to see this again', whatever... (laughs). People don't want to see breastmilk lying anywhere, it's like it's dirty, that's how they see it, like someone just squeezed (it)... I think they don't understand the concept of covering a bottle in a plastic bag, it's not like it's gonna affect other foods in the freezer. Maybe they are scared that the hormones will come out and go in the smoothie (laughs). (M29, 30 years of age, university cleaner).

This conversation implied that the mother believed it was senseless to interact with her manager about pumping in the workplace as it would merely agitate him as women's breastmilk was perceived as unsanitary and "dirty" in the low-income workplace, making it unsuitable for a communal freezer. Consistent with previous literature, the organisational context is understood in masculine terms. The traditional workplace views the ideal worker as distant from their parenting role (Gatrell, 2013; Tracey & Rivera, 2010). Hence, lactating mothers' foodwork is depicted as emotional, 'leaky', and unsuitable for the workplace, as it jeopardises their role as good workers (Acker, 1990; Gatrell, 2019; Trethewey, 1999). By seeing breastmilk in the workplace, the male manager possibly believed that the social norms of the workplace were threatened, as the leaky substance of pumped breastmilk is not something a competent male worker would traditionally be associated with (Gatrell, 2019). Hence, this mother experienced hostility because her manager viewed her gendered foodwork as inappropriate (Desmond & Meaney, 2016; Gabriel et al., 2020).

The mother's manager and co-workers also believed that pumping breastmilk was considered somewhat inappropriate for a black woman, as they believed that pumping was a privileged act solely for white women. This mother seemed to try and distance herself from the practice of pumping, as it represented a privilege she did not have, despite what her co-workers perceived. Crossland et al. (2016) found that despite the increase in the use of breast pumps, they are perceived as quite expensive. However, white women of a higher social class could afford these kinds of luxuries to meet their foodwork and working demands (Felice et al., 2016). This mother's (M29) co-workers and manager possibly struggled to understand how she could afford to purchase a breast pump when this device would be considered a costly item that a woman in a low-income job would typically not be able to afford.

It is noteworthy that the mother made a joke at the end of her response and proceeded to laugh, likely in an attempt to make her difficulties seem less severe. Macpherson (2008) found that participants may use laughter when relaying their difficulties to trivialise the situation or to detach themselves from their problems. Laughing could, therefore, be used as a coping technique, to make a troublesome situation (such as judgement about pumping in the workplace) less distressing (Macpherson, 2008).

Another mother described how she did not have time to pump, as her lunch break was altered:

They (the organisation) used to have a 1 hour when you work not on basic, we used to have all the breaks that you need but now because we are working by basic, which is the company paying us hourly, so, unfortunately, you can't be able to take one hour... if you do, then you will think that I'm not getting paid for that hour. (M27, 27 years of age, waitress).

As this worker depended on her lunch hour to pump milk, she was not able to forfeit an hours' pay to conduct her foodwork activities. This mother's experience highlights how she was forced to choose between an hours income and foodwork, due to her job constraints.

These mothers' narratives expressed the ways in which their intersecting gender and class identities work to shape their experience of foodwork production during work hours. Given their precarious working conditions and that the mothers felt they were easily replaceable, they were forced to ensure that their identities as workers and breadwinners took priority. In many ways, these identities did not replace motherhood, but rather seemed to be an important and necessary expression of motherhood where mothering was about ensuring the survival of the family.

Lacking time to pump was a common struggle for working mothers, hence pumping was typically conducted under significant time constraints (Al-Attas & Shaw., 2020; Gabriel et al., 2020; Lauer et al., 2019; Mabaso et al., 2020; Villar-Compte et al., 2021). Turner and Norwood (2014) found that it was typical for mothers to receive minimal support for pumping in the workplace, as the opportunity to pump was considered a luxury and privilege among their participants. While white women (Kozhamannil et al., 2016) had more access to private spaces and sufficient time to conduct foodwork activities in the global North (Burns & Triandafilidis, 2019; McCardel & Padilla, 2020), this was not possible for many low-income mothers from the global South (Doherty et al., 2012; Maponya et al., 2021; Siziba et al., 2015).

One mother, working as a cleaner, (M29), mentioned that while she was able to pump breastmilk at work, the low-income work context was unsanitary:

I did express some milk at work...I used a lot of bathroom time cause that's where I was doing, expressing milk...we (female employees) don't have a place to wash hands. (M29, 30 years of age, university cleaner).

This meant that she was not able to hygienically pump milk. While this mother still wanted to pump, to ensure her infant received the nourishment of breastmilk, she found it uncomfortable to pump in an unsanitary facility. Gatrell (2019) found that employees in working-class employment may have no choice but to utilise bathrooms as their only private pumping space and are thus exposed to the unsanitary conditions that come with using this space. Consistently, this mother lacked a sanitary place to pump and was forced to use an unhygienic space to conduct her foodwork. Women of colour mostly occupy positions towards the bottom of organisational hierarchies (Holvino, 2010) and tend to work in wage labour in the South African context (Smit et al., 2016). Hence, reinforcing that these women often lack the autonomy to request a hygienic place to pump due to the material subordination they experience in the workplace. This makes it challenging for them to exercise agency and their rights in the workplace, due to their precarious positioning.

Another mother, who was a single parent, mentioned how demanding and time-intensive her work was:

Our (low-income employees) environment is so stressful and so demanding you know. Sometimes you can like you [get a] ten min break which is supposed to be your tea break...but then you just [continue working]...because we need to reach a goal here...(yet) mothers in the workplace should have at least 30 to 40 minutes (to pump) (M30).

With minimal time to take a break, this mother mentioned how she and other mothers, simply had no time to pump while at work. This is consistent with literature which found that as low-income workers lack the bargaining capacity and will to negotiate terms with their employer, out of fear of losing their job, they tend to not breastfeed and pump while at work (Gatrell, 2019; Hagelskamp et al., 2011; Heck et al., 2006; Lauer et al., 2019).

This mother's (M30) intersecting gender and social class identities meant that she could not negotiate a working schedule that was compatible with her foodwork, out of fear of losing her job and only source of income. While women of a higher social class may have greater bargaining power to negotiate breastfeeding terms, women in wage labour do not (Gatrell,

2019; Lauer et al., 2019), it was not a priority for this low-income mother, as gaining an income and avoiding trouble in the workplace was more important. Many mothers mentioned the difficulty they experienced finding permanent employment opportunities. This coupled with the high unemployment rate in South Africa, made it clear why they did not risk getting fired and opted to hide their foodwork activities or did not conduct foodwork in the workplace at all.

The South African legislature mandates that lactating mothers are entitled to two 30-minute breaks for breastfeeding and pumping during the working day (Department of Labour, 2003), however, some mothers did not know they were allowed these:

So I literally found myself going home with hard sore boobs because it was never relayed to me that you have the 30 min or so [to express]...that's very uhm uncomfortable...so sitting there you working yourself up...the worst feeling ever. It's very hard to concentrate...when your boobs are in pain... my nipples are so sore, it's so raw. (M30).

This mother suffered from sore breasts the entire day which impacted her ability to concentrate at work, merely because she did not receive information from her workplace on her legal entitlements to pump. Literature has found that low-income lactating workers were disproportionately affected in comparison to workers of a higher social class, as they tended to be unaware of workplace breastfeeding policies (Gatrell, 2019; Lauer et al., 2019; Maponya et al., 2021). Therefore, while the legislation may accommodate pumping breaks, low-income workers lack the authority to demand these rights, even if they were aware of the laws. For example, Spencer et al. (2015) found that low-income workers struggled to get breastmilk pumping accommodation due to their subordinate position in the workplace. While middle and high-income working women had a more supportive and conducive working environment to reconcile their demands, low-income workers lack this luxury (Hagelskamp et al., 2011; Mammen et al., 2009). These women's social positioning as black, low-income workers left them feeling subordinated, silenced, and fearful of engaging with their employers about their rights.

This mother's (M30) painful foodwork experience was shared by many of the other mothers. For example, one mother (M27) explained that she felt uncomfortable during the working day as her breasts were aching and felt sore and swollen:

Yes, cause sometimes the breasts become very painful so you need to get it out, but...I don't have a choice, like maybe I don't drink too much liquids, you know when you drink in too much liquids, the breasts it goes much quicker. (M27, 27 years of age, waitress).

This mother tried to reduce her liquid intake to diminish her breastmilk production, which meant that she was willing to sacrifice her foodwork production, in an attempt to relieve her discomfort at work. Women will succumb to breast and nipple pain during the working day (Biagioli, 2003), to distance their mothering role and foodwork demands from their working role (Al-Attas & Shaw, 2020; Desmond and Meaney, 2016; Gabriel et al., 2020; Johnson & Salpini, 2017). This mother (M27) may have possibly also seen her reduced liquid intake as a way to ensure her foodwork role did not influence her ability to maintain her identity as a ‘good worker’. Researchers have shown that as lactating mothers may need to regularly pump, their ‘good mother’ role begins to take precedence over their ‘good worker’ role, thus interfering with their daily employment routine (Al-Attas & Shaw, 2020; Choo & Ryan, 2016; Spitzmueller et al., 2016). Role theory (Kahn et al., 1964), therefore, accounts for this mothers’ decision to avoid pumping while at work, as she had to balance being perceived as a good mother and a productive worker.

Many mothers had to alter their foodwork hours to ensure they were still able to breastfeed their infant, given that they struggled to pump while at work. Shifting foodwork hours to accommodate the working schedule was found to be quite a common coping technique for working mothers (Felice et al., 2016). One mother (M27) was unable to manage the difficult task of reconciling her foodwork role with her employment role, hence, she opted to breastfeed early in the morning and then again in the evening:

I came back to work when he was 2 months old, so I breastfeed him before I come to work and in the evening as well just before he goes to bed...it’s very hectic. (M27, 27 years of age, waitress).

While this mother (M27) was able to sustain breastfeeding during certain hours, she underwent great personal strain to reconcile the hectic schedule of both her mothering and employment demands. This finding supported literature that showed that working-class mothers felt stressed to meet their foodwork obligations and other role demands (Agrawal et al., 2018; Szabo, 2011; Wright et al., 2015). Yet, despite the labour-intensive nature of the role, this mother accommodated her demanding foodwork schedule.

Another mother (M29) shared the previous mother’s experiences, however, she also noted that she had to prepare her infant before altering her foodwork hours:

I have to wake up in the morning, make sure the bottle is clean, sterilise the bottle and then get to work. I would breastfeed her in advance sometimes before I just leave, it took like a week or so to figure out how many meals she needs if I'm out or for her, what she can survive on. So I'll make sure that whatever I express the day before or in the morning when I wake up, it has to be enough. (M29, 30 years of age, university cleaner).

The above indicated that this mother (M29) had to be acutely aware of her infant's needs and pre-plan her pumping and breastfeeding schedule. As with any foodwork responsibility, mothers need to carefully consider their child's eating and nutritional needs (Swan, 2020), just as this mother did. However, low-income mothers also need to navigate foodwork demands in a working context where they have minimal say over working times and where their schedule may change with little notice (Agrawal et al., 2018). Thus, while this mother (M29) may have been able to proactively schedule her foodwork routine to accommodate work and employment, the inflexible nature of the low-income work context could mean that her routine may need to be regularly altered (Agrawal et al., 2018).

Unlike the previous mothers, some mothers (e.g., M33) had to cease breastfeeding entirely, due to difficult foodwork schedules:

(Work) is obviously very stressful, very demanding, very long hours... I had to stop breastfeeding...because it was just too hectic coz...I would feed him at like 4 in the morning and then feed him again until 6 to 7 at night and even if he goes to sleep and I try to express...all the milk everything that was building up is gone...I had to stop. (M33, 29 years of age, sales agent).

This mother's (M33) experience highlighted the difficult lived realities of low-income, black women. The straining and intense nature of their working role meant that they had to sacrifice their foodwork role, as combining work and foodwork was unattainable for some women.

Given the demanding, harsh, and precarious nature of low-income work, participants were asked how employers and managers can improve an employee's attitude and support them more. One mother (M28) mentioned that as she felt easily replaceable, she desired support and upliftment:

Sometimes us workers...wanna be...uplift(ed) and upskilled...also maybe like, support us by saying, you know what? I want to empower you a little bit better...I think maybe if they (managers) can make us more aware of the breastfeeding, like the importance...support the person. (M28, 23 years of age, sales assistant).

This mother (M28) explained that feelings of empowerment in the workplace would also make her and her co-workers foodwork activities, such as breastfeeding or pumping, easier. Turner and Norwood (2014) found that mothers believed it was their responsibility to manage their breastfeeding experience while at work. However, based on the above mother's desires, it was clear that she wished for more from her employer. She sought empowerment and upliftment and believed that one way this could be achieved was through breastfeeding and pumping support. Indicative of the findings, literature has found that organisations that build an infrastructure of care and empower employees, benefit from engaged and involved workers (Nicholas & Erakovich, 2013; Osborne & Hammoud, 2017). It follows that employers of low-income workers who invest in framing a strategy of care surrounding foodwork related issues in the workplace (such as pumping facilities, pumps, and breastfeeding breaks), could benefit (Al-Attas & Shaw, 2020; Turner & Norwood, 2014) from employees who are more engaged and involved.

Another mother (M19) working in a factory, mentioned that having a flexible work schedule would make her tasks of balancing low-income work and motherhood easier. She described how she felt exhausted due to working full time:

The only problem I do have is that I am very tired. So it's like you working double shift, in the night, you work, it's like you working eight hours a day, five days a week. I only breastfed for two weeks, but then nothing...came out ...I took the easy way out, formula, it was the easy way out. (M19, 24 years of age, machinist clothing factory).

This mother mentioned that as she worked long hours and had some difficulty breastfeeding, she switched to formula use, two weeks after childbirth. She noted that formula was the easy way out of a difficult situation, as she could still ensure her infant was nourished. While the WHO recommends exclusive breastfeeding for the first six months of an infant's life (WHO, 2017), this low-income mother felt that she could not persevere and continue breastfeeding as her working day left little time for her to attempt this. Consistent with previous literature, the uncondusive, precarious nature of these mothers' low-income work environment made working incompatible with foodwork, resulting in a poor breastfeeding duration rate (Guttman & Zimmerman, 2000; Heck et al., 2006; Kimbro, 2006; Lauer et al., 2019; Mirkovic et al., 2014; Witten et al., 2020). Hence, creating a flexible work environment that is more conducive to foodwork, would aid low-income mothers who wish to sustain breastfeeding to do so more easily.

Many lactating mothers who cease breastfeeding choose this option as a coping mechanism to deal with the labour-intensive, challenging interface, of their work and mothering roles (Choo & Ryan, 2016; Gabriel et al., 2018; Lee, 2018; Mabaso et al., 2020; Thorley, 2021). While the ‘good mother’ is expected to persevere with their foodwork duty, regardless of uncondusive and precarious workspace and inflexible schedules (Bonet et al., 2013; Cooklin et al., 2012; Hanser & Li, 2017; Lee, 2008; Skafida, 2012), these low-income mothers’ financial constraints meant that they needed to stop breastfeeding to ensure they could still provide for their family. While some of the mothers were able to pump in the bathroom, ignore hostile comments and shift their foodwork hours, others could simply no longer breastfeed while working. In addition to these challenges, many mothers experienced structural inequalities which influenced their foodwork, which is presented in the next theme.

## **Theme 2: Structural inequalities and foodwork**

Many of the low-income mothers experienced financial difficulties, which stemmed from past structural inequalities due to apartheid injustices of unequal schooling and job access for blacks and women. The economic pressure placed on the mothers often meant that they needed to return to work early as they relied on their jobs for a steady income. With added difficulties of complicated commutes to and from work, these structural inequalities influenced their ability to conduct their foodwork.

One mother (M23) described how she needed to return to work for a stable income, to provide for her baby:

I am going to work because I am desperate for that money and then when you desperate...sometimes I have to remind me, I don’t have nappies for my daughter. (M23, 39 years of age, domestic worker).

The rhetoric that mothers felt pressurised to return to work due to economic constraints, was shared by other mothers:

They (the employer) gave me maternity leave for 4 months but I couldn’t take the whole 4 months because I am the only one who is working (in her family)...then I decide let me go back early. Because the kids like we didn’t have enough food... I have to rent, I have to buy food. But for my small baby I did buy everything because it was only nappies and wipes and toiletries, that was the only expense because he was not eating only breastfeed...I am the only one who is working. (M7, 34 years of age, packer in clothing factory).

The experiences of this mother (M7) highlighted the severe financial pressure experienced by black South African women. As this mother was the only person working and providing an income for her household, she needed to return to work due to her financial situation. While she may have had access to four months of maternity leave, she could not use this time to bond with her infant, recover from her pregnancy and recuperate from her birthing experience, as she needed money to ensure she could afford food and rent. By holding the intersecting social identities of 'black' and 'low-social class', mothers were forced to leave their infant at a very early age, as staying at home after childbirth was not amenable to a financially stable household. Maponya et al. (2021) and Siziba et al. (2015) similarly found that low-income, lactating, South African mothers were forced to return to work soon after childbirth, as they could not cope with the financial strain associated with remaining at home and not earning an income. The experiences of these mothers working in wage labour reinforced the class privilege of middle and high-income mothers in professional occupations, who could afford the financial option of resigning from work or taking additional leave, or to get by on the 66% of their salary paid by the UIF, to have time for their foodwork demands (Setty et al., 2020; Thorley, 2021; Urban & Olson, 2005).

This mother (M7) also noted that as her infant was only breastfed, she could save a little on food and formula and mentioned that formula created a financial burden and that breast milk offered a cost free feeding option. From these comments, one can deduce that breastfeeding was seen as a cheaper and cost-effective foodwork activity, as no money was spent when breastfeeding. Lesorogol et al. (2017) also found that breastmilk was perceived as a low-cost source of food for children: Haitian mothers would resort to EBF, when they could not afford to give their infants alternative food sources, during times of severe food insecurity. Hence, mothers in Africa may perceive breastmilk as a cheap and sustainable food source, during trying financial constraints where there is little disposable income for necessities such as food (Labbok, 2006; Lesorogol et al., 2017).

While this mother (M7) may have seen breastfeeding as a way to limit financial expenses, this was not possible for all the mothers. One mother (M31) described how she was not able to breastfeed her infant due to her financial situation:

So after giving birth I had to get a job here (Cape Town) and there was no one to look after her (her baby) because my whole family (is) in the Eastern Cape. But I have a child so I can't just stop working I had to just do it. Now we had to buy milk expensive, it's very expensive and now you must still buy food and you must still buy clothes. (M31, 23 years of age, stay at home mom/sales assistant).

As this mother needed to remain in Cape Town for work and to earn a stable income, she had to leave her infant with family in the Eastern Cape, a neighbouring province, and purchase formula for her. Thus, due to her financial constraints, she was not able to conduct her foodwork activities. Other mothers (e.g., M27) similarly needed income from work to pay for formula:

Cause I'm now a mom for 3, so I need to have extra money... let's say my son is sick today, I must have money...that I can take my son to the doctor. If I can come to work and make my money, then I can be able to have money to buy for my son's formula...I work with the tips, which is how I know that I can make it, I can buy the formula. I need to come to work and put the bread on the table. (M27, 27 years of age, waitress).

This mother outlined how she relied on tips from her waitressing work to feed her child formula. Due to the inflexible hours of her waitressing job, she was not able to breastfeed her child. This meant that like the other mothers, her financial situation compromised her ability to enact her foodwork duty. Therefore, relying on tips was the best way for her to ensure her child received food. While breastmilk is well-established as the most nutritious substance according to the health perspective of breastfeeding (Naylor, 2021), formula was the best option for mothers to ensure their infant was fed. Lee (2008) also found that lactating mothers depended on the convenience of formula to ease their foodwork demands when they were not able to breastfeed. It is also possible that some of the low-income mothers could not afford a breast pump to pump and save breastmilk, which also pushed them towards formula use (Crossland et al., 2016). Previous studies have also found that low-income mothers who faced dire financial difficulties and structural inequalities, ceased breastfeeding, due to their return to work (Heck et al., 2006; Lee, 2018; Mirkovic et al., 2014; Witten et al., 2020). These findings are supported by this study's finding that structural inequalities can shape and hinder low-income South African mothers' foodwork production and management.

When asked about the possibility of bringing their infant to work, to ensure they could still breastfeed, the mothers explained how commuting to work with an infant would be impractical because of the long commutes and public transport being overcrowded:

That wouldn't be possible because the trains get full...that wouldn't be possible...to put the baby on her (the mothers) back and there are people (on the train). (M2, 33 years of age, administrator in panel beating business).

I live in Khayelitsha so...I supposed to bring my child so far and take them back home with me at that time also. So late...Uhm, maybe for other jobs for rich people who have

cars and (who) are not working far from their work. Maybe that will work for them but for this type of job... nah it is not possible. (M31, 23 years of age, sales assistant).

Another mother added that the trains in Cape Town were not a safe mode of public transport:

Ya, but then you have to take the bus, I don't think (the) train is safe for the child. Because it's too crowded for a baby. (M20, 24 years of age, quality controller).

In addition, many of the low-income mothers mentioned that commuting to and from work was difficult. These mothers lived far away and had an inflexible work schedule, which meant that they started work early in the morning and left work late in the evening. Two mothers shared a similar commute using public transport:

I left my daughter by six o' clock in the morning and then I come home by past seven (at night)...because it is depending for the public transport because I am travelling sometimes with the bus, sometimes I am travelling with the taxi and also there is a lot of traffic on that time then we come back at home. (M23, 39 years of age, domestic worker).

I have a child and it's (the company) closing late... We were closing like at ten pm and that was like in Bellville so I have to get home late sometimes waiting of the transport as well and getting home at sometimes around 12 pm because my transport was not only just picking me up. (M31, 23 years of age, sales assistant).

Whether these low-income mothers commuted alone, or with an infant, there was a consensus that commuting to and from work was impractical, time demanding, and unsafe. Vanderschuren et al. (2019) found that women living in Cape Town experienced harassment quite frequently, particularly when using trains. Teffo et al. (2019) similarly found that female commuters in Cape Town prioritised safety when using public transport, which meant that walking safely to public transport and personal safety when utilising transport was a cause of concern. With a difficult commute to work, these women were unable to take their infants to work and breastfeed. This meant that they strained themselves to accommodate breastfeeding early in the morning or late at night. While one of the mothers noted that women from a higher social class could possibly afford cars to safely commute to work and could, therefore, breastfeed while at work, this was not possible for her as she navigated daily public transport commutes. This finding highlights how intersectionality can broaden our understanding of the multiple disadvantages black mothers of a low-social class are exposed to in wage labour. These women need to contend with financial strain and unsafe commuting conditions, due to

structural oppressions from the apartheid era. These mothers live in informal settlements or areas on the outskirts of central Cape Town, due to land displacements that occurred during apartheid. Based on the study findings, these structural inequalities persist to shape these women's lived realities and consequently inhibit their foodwork activities. In addition to these inhibitors, these women also navigate a social context that shapes and at times inhibits their child-care practices and foodwork.

### **Theme 3: Gender norms and social class: shaping child-care and foodwork**

Participants struggled to meet the demands of child-rearing. There was a general sense that these low-income mothers were expected to take on the role of being the primary caregiver, as many fathers were not physically or financially involved in child-rearing. Hence, mothers assumed the traditional foodwork role, inevitably upholding traditional gender norms.

Many mothers were single and felt that they had to assume the role of being the primary caregiver, as there was no male parental figure to assist them. One mother (M2) shared her belief that while women were analogous with children, the father's role was connected to work and leisure:

Women are mostly associated with childcare and men are associated with breadwinners, like they must go and work for and provide for their families... instead of taking care of their child or looking after them, they were busy with friends, getting drunk and stuff. So, they chose to be with their friends instead of looking after their children. (M2, 33 years of age, administrator in panel beating business).

Another mother (M5) shared similar opinions and mentioned that fathers reinforced the idea that mothers were associated with children, to avoid child-rearing duties:

The child is the mother's responsibility...(the father or a family member would say) Your child is crying come take (the child)...it's your child... you know the African people are so stubborn...there are rules for each like men must do this and women must do that...they put the role of taking care of the child on the mother only. (M5, 45 years of age, private cleaner in government hospital).

This mother (M5) reflected on the gendered norms practised in her community and, at times with frustration ("African people are so stubborn"), speaks to the unwavering ways in which gendered division of labour is upheld between men and women and how this may reinforce patriarchal practices, despite women holding full-time jobs. While both mothers quoted above shared the belief that their role was associated with child-rearing, they appeared to not approve of this association. The first mother (M2) seemed disappointed in men for

choosing social gatherings with friends to drink alcohol, over parenting responsibilities, as this left the onus of unpaid caregiving on mothers. While the second mother (M5) noted that African men were “stubborn” and rigid in their belief that only women were responsible for childcare, which highlighted how race and patriarchy influenced child-rearing perceptions. Mlay et al. (2004) found that African cultures tend to perceive the women as the principal caregiver, while Helman and Ratele (2016) noted that South African families tend to perceive the mother as responsible for caregiving, as they are innately nurturing while fathers hold the position of power due to their role as the provider sparing them from child-rearing responsibilities. This study’s finding is consistent with social role theory, that men and women occupy different social roles within society: while men are associated with work, women are associated with child-rearing, due to sex differences (Eagly & Wood, 2012). Hence, traditional gender norms shaped how the burden of foodwork and general child-care practices fell on the mothers. However, a few pockets of change existed in the community:

When I give birth to the boy his uncle came to the house and said (to my husband)... you must wash nappies, because my boy, we used to buy the diapers... we used to wash them... They listen to the elders... he (the uncle) said no don’t just dump the responsibility to her. (M5, 45 years of age, private cleaner in government hospital).

He (the infant’s father) will help me with the baby at night, he would take the baby and bring her close to me so I didn’t have to wake up... he helped with cleaning the utensils for the baby stuff and generally finding out how you are doing emotionally as a mother... I got the support I needed from him. (M29, 30 years of age, university cleaner).

The first account demonstrated that some elder male members in the African community try to inspire younger men to shift the gender patterns and try to ensure that they assist mothers and take on a more involved role in child-rearing. Thus, while the dominant cultural belief may be for African women to assume the caregiving role, there is potential for men to assist mothers with their child-rearing and foodwork duties to lighten their load. One of the mother’s above (M29) specifically described how the infant’s father assisted her with the foodwork activities, to help balance her load. This demonstrated that for some mothers, foodwork and mothering was managed in the context of genuinely supportive family aid. Literature has also shown that partner emotional and practical support enabled working mothers combining breastfeeding and employment (Ratnasari et al., 2017) and could dramatically influence breastfeeding rates (Emmott et al., 2020).

Despite these two pockets of change, the rhetoric that women's mothering role made them associated with child-rearing was shared by one mother (M33). She explained that her social identity was shaped by motherhood and believed that the perception of a mother's role being solely child-rearing was problematic:

The moment you have the mother in front of your name it becomes your title...But mother is one aspect of my life it's not what makes me who I am. It contributes towards my drive 150% it contributes towards the fact that I can't give up and the fact that I have to keep going but it's not all of me so the label that comes with that is a major issue... when you are a single mom, they just see you as you are just the mom. (M33, 29 years of age, sales agent).

This suggested that while being a mother spurred and motivated the participant, she felt that her identity was influenced by motherhood and viewed this perception as troublesome. This seemed to be because for her motherhood and her single mother status was only one facet of her being, rather than her entire social identity. Under the tenants of intensive mothering, a mother is expected to be a child-centric and emotionally absorbing expert (Hays, 1996). However, this mother (M33) believed that this perception was disturbing. While white, class-privileged mothers may have enjoyed the idea of their social identity being centred around motherhood and breastfeeding (Avishai, 2007), this concept of child-centric mothering was found to be unrealistic for low-income mothers. Black, low-income, South African mothers who are living through complex forms of oppression, structural inequalities, and poverty that leave them feeling overwhelmed, could not afford to have their entire identity shaped by motherhood, as they had other role responsibilities (Witten et al., 2020).

It is also possible that the above-quoted mother (M33) felt that her cultural expectation of being a mother, shaped her entire social identity, which made the idea of intensive mothering an overwhelming concept for her. Hence, while she assumed the single caregiver role and conducted the necessary duties, she also felt that she occupied other roles outside of motherhood.

Many mothers felt quite strained by their role responsibility and shared the sentiment that being solely responsible for foodwork and all other facets of child-rearing was an exhausting duty:

It's mos now my child and my responsibility. (M10, council employee).

You get exhausted, you must do everything yourself. It's very hard. (M21, 24 years of age, waitress).

(I) wake up at night to breastfeed my child...I get very tired but I sacrifice...I have to do it. (M27, 27 years of age, waitress).

These mothers shared the belief that it was their duty to take care of their children. This belief reflected other mothers' sentiments that child-caring was a mothers responsibility. It is possible that because these women experienced cultural pressure and were socialised to assume a caregiving duty, they enacted this duty, regardless of the strain and fatigue they felt. Budlender and Lund (2011), Roman (2011) and de Wet (2019) found that the majority of South African women had to fulfil the role of being the main caregiver and breadwinner, as many fathers denied paternity or disappeared, which left women responsible (Spjeldnaes, 2021). Thus, supporting Clark et al. (2015) finding that only 26% of South African fathers lived with their child and that fathers were typically absent from caregiving duties. Assuming this kind of role responsibility was found to be a highly exhausting and stressful duty (Cerrato & Cifre, 2018). Yet, despite the difficult nature of the task, these low-income mothers all willingly made the sacrifices they needed to, to provide for their children and take care of them, despite their circumstances.

Some mothers felt that the strain they experienced from child-rearing and foodwork resulted in them losing their sense of self. Becoming a primary and sometimes sole caregiver meant that their mothering role slowly morphed and began to shape their entire life. Two mothers shared their experiences of losing themselves:

I'm a single mom...(you need) time in between (breastfeeding) to recuperate...because you do lose yourself as some point...you need time alone where you can sit...time for you to reflect...that energy needs to be replenished. (M29, 30 years of age, university cleaner).

You literally forget about yourself and like those few minutes when you are expressing the milk you're like, OMG, like you just take like those few minutes for yourself. (M30).

These experiences highlighted how mothers became so consumed with their foodwork and child-rearing role responsibilities, that they simply lost their identity outside of their mothering role. Hubert and Aujoulat (2018) also found that mothers got to a point of total exhaustion and burnout, which caused them to become disconnected from their sense of self. Given that both mothers (M29 and M30) were single mothers, they were solely responsible for childcare, foodwork, and the family income, which placed an additional burden on them. Meier et al. (2016) found that single mothers experienced greater levels of fatigue and stress compared

to those who had partners, which indicated that single mothers succumbed to more pressure (Spjeldnaes, 2021). However, while class privileged mothers could afford to partake in ‘self-care’ routines such as exercising, going to restaurants or investing in paid child-care, to handle the stress of motherhood, this was not possible for these low-income mothers, who could not afford these luxuries due to an inflexible work schedule and a lack of disposable income to pay for childcare services.

As these low-income mothers could not afford to outsource childcare, they relied on family and community members to aid them with their childcaring and feeding assistance. One mother (M18) details the foodwork situation she found herself in, as she relied on her mother for childcare who did not believe in EBF as per the WHO recommendation:

I have a mother who is very old school... she would give my child food from 3 months. She would give like a scoop, two scoops of porridge, one yoghurt per day...by the age of five months she would give solid food from the pot. My mother would say “the child is hungry...I will feed the child now”. (M18, 26 years of age).

Intersectionality is useful in explaining elderly family and community members’ influence over how childcare and foodwork are managed. The race and class positioning of these low-income workers meant that they relied on family support: when they were at work or occupied with other tasks, they depended on their family for unpaid childcare. The mothers in this study relayed personal accounts that echoed how familial and cultural wisdom and traditions shaped their foodwork practices. In African cultures, families are like a clan, therefore, all members of the clan have a right to advise any clan member (van Breda & Pinkerton, 2020). Thus, it is possible that in order to appear grateful and respectful, these mothers’ foodwork choices were influenced by their family members. These women noted that their mother “knew better” or were “old school” which implied that they valued and accepted their opinion and cultural beliefs. While Trafford et al. (2020) also found that South African elders influenced childcaring and feeding practices, this study goes further by demonstrating that the mothers did not have any control over how their mothers cared for their infants when they were not around. While white upper and middle-class families may listen to a mother’s wishes as they value the mother’s autonomy over decisions on raising her child (Harper & Ruicheva, 2010), these low-income mothers from collective communities lack bargaining capacity to have individual influence over decisions on childrearing and infant feeding when they are away at work. Thus, other family members caring for the child will exercise their choices on what is best for the child in the context of the clan culture. Ultimately the above findings support the literature that

South African women are responsible for child-rearing, foodwork, and caregiving duties (de Wet, 2019; Parchment et al., 2016; Seepamore, 2015; Sooryamoorthy & Makhoba, 2016). While foodwork and childrearing responsibilities are sometimes shared with extended family members, such as aunts or grandmothers, these low-income mothers tend to remain primarily responsible in a gendered division of labour, despite holding full-time jobs in paid work.

#### **Theme 4: Local knowledges and foodwork**

As these mothers experienced various challenges when conducting their foodwork activities, they relied on creative and innovative foodwork techniques to balance their employment and mothering demands. These women also depended on social support and guidance from their family and community to manage their foodwork demands. However, these local foodwork techniques and guidance were perceived as incongruent with the medical discourse ideal of EBF as mandated by the WHO and South African health professionals, thus pathologising these mothers foodwork knowledge.

Many mothers adopted creative strategies when conducting their foodwork, to aid them in balancing their foodwork and working demands. For some mothers, this meant taking medicine to alter their breastmilk production:

When they (breastfeeding mothers) are done breastfeeding... they take a tablet to dry it up, especially most of the working mothers do that, they dry the milk because you can't work with a hard breast. (M28, 23 years of age, sales assistant).

This mother (M28) described how mothers working in low-income jobs would sometimes rely on tablets to cease their milk production, due to the difficulty of working with hard breasts. This meant that mothers were willing to sacrifice their infant's health and their own health, for work. While the WHO advocates for EBF of an infant for their first six months, for the optimal health of both the mother and child (Bai et al., 2008; Godfrey & Lawrence, 2010; WHO, 2017), some low-income mothers were forced to manage their foodwork activities by ceasing milk production. McGuire (2018) found that using tablets to cease lactation could have adverse effects on the maternal body and could even result in death. Thus, these mothers were willing to risk their health for their livelihood as they desperately needed to prevent the discomfort and pain of hard breasts at work to ensure they were comfortable working and capable of keeping their source of income. While the health discourse of breastfeeding emphasises breastfeeding at all costs, the feminist critique recognises that women need to have autonomy over their feeding choices and select an option that is most appropriate for their body

and needs (Albuero-Canete, 2014; McCarter-Spaulding, 2008). Foodwork is a highly gendered concept (Swan, 2020), in that breastfeeding mothers are solely responsible for the task, hence, it was critical for these mothers to have power over decision making and how they choose to go about conducting their foodwork activities (Meah, 2014; Stovall et al., 2015). The women's social realities, structural inequalities, and low social class meant that they had limited choices over many decisions, due to their positioning in society (Gatrell, 2019), thus highlighting the importance of having decision-making autonomy over their foodwork decisions.

A few of the mothers who continued breastfeeding believed that breastmilk needed to be coupled with formula, as they believed that breastmilk alone was not enough. One mother (M5), working as a cleaner noted that breastmilk alone could not sufficiently nourish an infant:

You can't just only (give) breastfeed, 6-month-year-old child, huh uh, it cannot work. (M5, 45 years old, private cleaner in government hospital).

The rhetoric that breastmilk did not keep an infant full was a belief shared by many of the low-income mothers, who mentioned that they relied on infant satisfaction cues (such as crying) as a technique to manage their foodwork activities:

My milk didn't make him full, so I had to put him on the formula. (M8, 23 years of age, food retail cashier).

So if you see your child is not getting full, you have to apply another thing. So for the breastfeeding, she was fine with it... so I didn't have a problem because she was growing so well. That's why I continue for 2 or 3 months. That's when I start to realise at 3 months she was crying sometimes at night. Sometimes she is crying because she is hungry then I start to apply the...bottles (formula). (M11, 25 years of age, waitress).

This mother (M11) described how she had to "apply" something else as she perceived that her infants crying was related to hunger. She believed that formula needed to be introduced into her infant's diet at three months old, as the breastmilk alone was not sufficient. While this went against the WHO (2017) recommendation, it was clear that many mothers managed their foodwork experience by relying on their intuition rather than the health perspective notions of best health practices. While health literature may not recognise these feeding decisions as appropriate, these low-income mothers demonstrated their ability to manage the 'technical' aspects of their foodwork tasks, despite their time-intensive working roles, as they were able to attend to their infant's satisfaction cues and nutritional needs. Parsons et al. (2021) noted that this kind of competent and resourceful nature aids mothers in managing their foodwork demands. By these mothers being in harmony with their infant's feeding needs, they

demonstrated their ability to enact the softer, more nurturing elements that come with foodwork activities (Parsons et al., 2021). These women were attuned to their infant and chose to adapt, in order to satisfy their children, demonstrating that their knowledges were well-suited to their infant's needs. Gatti (2008) similarly found that mothers would alter feeding patterns based on their infant satisfaction cues. While this meant that these women discontinued EBF earlier than health guidelines, this was done in the context of pressure and strain, selecting the feeding choice which made most technical sense to them when faced with a crying infant who did not seem sufficiently fed.

The above extract highlights the dimensionality of low-income mothers foodwork duty. These women need to rely on infant satisfaction cues, such as crying, to understand the child's feeding needs. While mothers who conduct foodwork for elder children and adults can easily communicate with them to understand their feeding needs, this cannot be done with an infant (Swan, 2020). This makes the foodwork duties of these mothers much more demanding, hence emphasising the need to consider breastfeeding beyond just the health narrative, to give these low-income mothers agency over their foodwork choices.

Quite a few mothers introduced mixed feeding, as a technique to ensure they could manage their children's feeding needs. These mothers believed that other foods needed to be introduced into their infant's diet to ensure they were well nourished:

We are Africans, so what I was doing I was putting the Iwisa porridge, boiling it and give it to her. Sometimes I will mix it up with the Cerelac... I was breastfeeding. I am actually doing it at night because during the day I was at work...but during the day she will drink formula and porridge. (M11, 25 years of age, waitress).

This mother described how she introduced various kinds of porridges and formula into her infant's diet, as a technique to keep her child well-nourished. She mentioned that "we Africans" do things like that, which suggested that this mother also relied on cultural traditions when managing her foodwork activities. While health literature pathologises these mothers foodwork knowledges, this mother highlighted that in her culture, mixed feeding was deemed best for the infant. Maponya et al. (2021) similarly found that South African mothers felt that they had to resort to mixed feeding as they believed that the infant did not feed enough from the breastmilk, thus other sources of food needed to be introduced. Chin et al. (2008) also found that black mothers would stop EBF as they tended to introduce solid foods into the infant diet earlier, thus highlighting how local knowledge systems shape foodwork choices.

Three other mothers described the kinds of foods they would introduce into their infant's diet before their child was six months old:

By the age of five months... (she) would (eat) solid food from the pot... she wasn't only living off breastmilk. (M18, 26 years of age, unemployed).

From 1 month we started training her on the bottle, putting a little bit of formula in the bottle...then I gave her food when she was 3 months 'cause remember she became hungry, that formula is not gonna make her full, so I gave her porridge. (M28, 23 years of age, sales assistant).

I breastfed her only breastmilk until she was 4 months old then ...I added solids with breastfeeding like a month later I got back to work...like my homemade banana stuffs, and I will blend my veggies. (M29, 30 years of age, cleaner).

The findings from these mothers indicated that while breastmilk was still perceived as nutritious, it was not perceived as sufficient to keep the growing child full. Thus, solid foods – such as porridge, cooked meals, fruits and vegetables– and formula needed to be introduced into the infant's diet before they were six months old. Various other scholars have also found that mothers would introduce complementary foods instead of exclusively breastfeeding, particularly in the South African context, in an attempt to increase the infant's weight and improve their sleeping patterns (Doherty et al., 2012; Gewa et al., 2011; Jama et al., 2017; Some et al., 2017; Walsh et al., 2015).

Some of the mothers also introduced water into their infant's diet. There is a long-standing tradition among the elder generation in South Africa that giving an infant water will be beneficial for their health, as it has healing properties (Buskens et al., 2010; Jama et al., 2017). Various participants mentioned that water would reduce pimples from breastmilk and prevent colic:

From the first month, you must give your child water...you must obviously boil the water, and throw like a little bit of gripe water. The water cleanses the child from inside... they (the infant) would get like this pink pimples (from breastmilk). (M17, 29 years of age, machinist clothing factory).

She gave the babies when they one day old boiled water with the salt and sugar... that's what her grandmother and other women in the community said. (M2, 33 years of age, administrator in panel beating business).

Gripe water, there it's (for) colic. (M5, 45 years of age, private cleaner in government hospital).

Based on the mother's account, giving water to an infant was perceived as a well-established feeding method in their community with various health benefits. One mother (M2) specifically mentioned, with the help of a translator, how her grandmother and other women in the community also gave their infant water which suggested that she perceived this feeding technique to be a tried and tested method. Buskens et al. (2010) and Trafford et al. (2020) similarly found that South African mothers perceived water as crucial for a healthy infant and subsequently chose to introduce water as a feeding technique.

When asked, some mothers mentioned that they exclusively breastfed their infant for the first six months, however, when probed they also mentioned that they gave their infant water. This demonstrated that these low-income mothers believed that water could be introduced into the infant's diet. Trafford et al. (2020) also found that South African mothers believed that water did not constitute as mixed feeding, thus indicating that cultural beliefs also shape feeding practices.

Interestingly, some mothers knew that they should not give their infant water, as healthcare workers did not recommend this feeding technique, however, despite being aware of this, they still introduced water into the infant's diet:

Breastfeeding only. They (health professionals) don't talk about water, I don't want to lie. (M5, 45 years of age, private cleaner in government hospital).

Yes, but at clinic they tell us don't give any water with medicine in or so. But you know mos us people (give) little water. (M25, presser clothing factory).

Buskens et al. (2010) and Trafford et al. (2020) also found that South African mothers introduced mixed feeding into an infant's diet before they were six months old. These scholars, therefore, noted the strong influence that family and community members have over mothers feeding practices and foodwork activities. Thus, while the health perspective of breastfeeding may mandate EBF (WHO, 2017), unilaterally implementing health ideals of EBF does not seem to fit in a South African context where cultural values and community beliefs shape foodwork techniques, regardless of health messages. For example, as many South Africans lack access to basic healthcare (Maphumulo & Bhengu, 2019), combining water with breastmilk may have also been perceived as the care-free option among the mothers, which could prevent illness or help to quickly heal sick infants. Given that these mothers also worked in low-income jobs which lacked flexibility (Agrawal et al., 2018), it is likely that these women believed that the health benefits associated with water and breastfeeding could reduce the number of times they needed to take time off work to spend with a sick infant (Cohen et al.,

1995). One could infer that feeding practices are not purely influenced by health guidelines but also by cultural beliefs, local knowledge sources, and economic location.

Some of the mothers mentioned that healthcare workers created notions of ideal feeding practices, by stating that they should exclusively breastfeed for the first six months of an infant's life, without introducing mixed feeding techniques, before the infant was six months old. Two mothers shared their account of healthcare workers recommendations:

Their motto is strictly breastfeeding. They don't allow bottle-feeding...when you in hospital then you must breastfeed the child. But when you go home then its mos now your choice because some mothers go back to work, put the child on the formula but they will always advise you to express. They now have a counsellor for breastfeeding. She will always have a brief on everything...on how to do expressing and how to store it and then how to feed the children afterwards and what to do with it once it's stored and comes out of the fridge again. (M10, council employee).

(They tell you) Breastfeeding is very good for the child... because it prevents a lot of things for your child...immune system is built up quickly with the breastfeeding than the formula. (M11, 25 years of age, waitress).

Breastfeeding was established as the best foodwork technique among the healthcare workers for mothers to conduct. The mother above (M10) noted that while healthcare professionals provided mothers with foodwork suggestions, it was up to the mothers to follow this guidance. These professionals could only influence the mother's choices while they were in a hospital, thereafter, it was up to the mother to follow these suggestions. This demonstrated that while the mothers were given guidelines in line with the WHO (2017) recommendations of EBF, healthcare workers could not always influence the mothers' feeding choices.

While healthcare workers were supportive of notions of EBF, a disconnect existed between the healthcare system, the community, and the mothers' lived reality of needing to return to employment. While mothers were aware of the importance of EBF, they did not know why it was important. Therefore, they were unable to relay the importance of EBF to their community and family members who were hesitant of the medical fraternity and could not internalize the health 'necessity' of EBF. Hence, these mothers were overpowered with messaging about the health perspective of EBF, yet they did not receive information on why EBF was important. One mother's (M5) account below described that while pamphlets were available to explain the benefits of EBF, other messaging platforms should be used:

The clinic, they do give flyers neh but...people must take their own pamphlets and...it's not explained...the community needs to do something... that's where the local radios

and the local newspapers come in. (M5, 45 years of age, private cleaner in government hospital).

This mother noted that the pamphlets were not easily assessable to the community members who struggle to read or who do not understand English. Thus, this mother explained that it may be beneficial to communicate the importance of EBF and its benefits for the infant and maternal health, through local radios and newspapers, in an ethnic language that can be easily understood. Many of the elder community members grew up under apartheid schooling and the Bantu education system, which trained people of colour for low-skilled jobs (Tomlin, 2016). These elder community members seem to struggle to fully understand the necessity of EBF and choose to rather rely on local knowledge sources, which they have deemed legitimate, to gain greater insight into breastfeeding. This highlights the disconnect between health discourse and local knowledge systems: notions of the ideal feeding technique are superficially advertised, meaning that mothers and community members do not fully recognise EBF's value. EBF appeared to be forced on many mothers, hence they chose the foodwork techniques which were well-established in their community and supported by family members. For example, one mother (M10) noted that as a new mother she would rather rely on information and advice from family members, who had undergone similar experiences to herself, thus supporting Trafford et al.'s (2020) finding that South African mothers were influenced by female relatives' feeding experiences, modelling their foodwork choices on their relatives.

While some mothers felt forced to exclusively breastfeed, other mothers had very positive experiences with healthcare workers. One mother (M7) described how the healthcare worker would help her to ensure she breastfed easily and correctly, which made it easier for her to conduct and manage her foodwork experience:

I went to the clinic, they teach me there to breastfeed that I must sit straight, I mustn't (show a slouching posture) because I'm going to kill my back. I must keep it tightened because if you do this (shows another body poster) you doing it wrong...it's stopping the milk. (M7, 34 years of age, packer clothing factory).

This mother was given tips to ensure she could conduct her foodwork optimally. M23 similarly found that healthcare workers would offer assistance and explain to the mothers how to breastfeed:

I win a six-pack of Purity (a brand of baby food) because I was tell(ing) her (the sister at the clinic) ... how I feed my daughter and then she said no, you are doing the right thing... she is the one who was telling me how to feed the daughter, how to express

when you go back to work... (the sister explained) before you express, you can take a warm water and then wash the breast and then you can start to express... you can sanitise even the bottles and rinse it. (M23, 39 years of age, domestic worker).

This account demonstrated how healthcare workers would make these breastfeeding 'lessons' or 'check-in's' a fun activity for the mothers and worth their time, as they were incentivised to breastfeed correctly. This also highlighted that these workers strived to ensure mothers were able to meet the WHO (2017) recommendation of EBF and enabled them with techniques to manage their foodwork experience while still having autonomy over feeding decisions. The healthcare workers were able to encourage EBF and feeding techniques in an engaging way, that uplifted rather than demeaned these women. Typically, interventions targeted at people of a low social class tend to depict these individuals as needy and dependent as if they require saving (Abrams, 2010). Thus, by having an uplifting intervention for these women, it was easier for them to manage their foodwork activities in a safe, open, and reassuring environment. By adopting a more participatory approach to feeding decisions, these two mothers felt less burdened by the ideal notion of EBF and were able to incorporate the health mandated feeding practices into their daily routines.

The above findings highlight how the health perspective of breastfeeding was in dissonance with the local knowledge systems and traditional feeding techniques that encouraged the introduction of mixed feeding or water to aid in the infant's development and health. While the WHO (2017) recommended EBF for the infant's initial growth and development, this health mandate pathologised the black, low-income mothers knowledge systems which encouraged them to rely on their intuition and community and familial values, especially as they navigated foodwork with paid employment.

### **Chapter 5: Implications, Recommendations, and Concluding Remarks**

This study explored breastfeeding foodwork experiences and management techniques of low-income, black mothers, employed in various industries and organisations within Cape Town, South Africa. The findings highlighted that the mothers' foodwork was conducted in the context of precarious work situations, uncondusive workspaces, and socio-economic inequalities which made feeding practices challenging. This chapter will discuss the study's contribution to knowledge, managerial implications, limitations, and recommendations for future research.

### **Contribution to knowledge**

Through this study, a more comprehensive understanding of breastfeeding as a form of foodwork was established. The findings signified that breastfeeding constituted an act of food labour: mothers had to plan when foodwork activities would be conducted to schedule feeding in between working hours, balance finances to ensure infants would receive breastmilk alternatives (such as formula) when breastfeeding could not occur, draw on their intuition and technical knowledge to understand the infants feeding needs and lastly, engage in a compassionate and nurturing relationship with the infant to bring through the softer elements of foodwork. Hence, breastfeeding as a form of foodwork required reproductive work through pumping or breastfeeding, productivity through resourcefulness with time, extensive technical knowledge, and nurturing elements, just like all other foodwork tasks (Meah, 2014; Parsons et al., 2021; Stovall et al., 2015; Swan, 2020; Szabo, 2011). In addition, breastfeeding was also informed by culturally specific feeding techniques and practices, which were passed down through generations, such as introducing water into an infant's diet due to its healing properties (Buskens et al., 2010; Jama et al., 2017; Trafford et al., 2020). Thus, culturally specific feeding practices also shaped mothers foodwork in the South African context, due to the mothers' strong familial and community value system. Hence, the mothers' foodwork comprised of both traditional foodwork elements and culturally unique complexities (Maponya et al., 2021).

This study also contributed to theoretical knowledge advancement in two ways. Firstly, as role theory was utilised with an intersectional lens, the interlocking influence of race, class and, gender on breastfeeding working mothers' role demands was better understood. Role theory and intersectionality are rarely used together, yet, this study demonstrated the greater depth of understanding which can be generated by combining the two, thus advancing theory building. While research has typically considered breastfeeding in the workplace through the good mother, good worker dichotomy (Gatrell, 2013) to make sense of women's roles as mothers and workers, this study highlighted the complexity of considering this role conflict with an intersectional lens. The findings demonstrated that social class and race played an instrumental role in the mothers' ability to conduct their foodwork in the workplace, highlighting that workplace breastfeeding needs to be considered beyond a purely gendered lens (Hamilton, 2016). Foodwork was conducted in the context of a precarious work situation, an uncondusive workspace, minimal income, and familial and community pressure and influence. Thus, intersectionality exposed the complexities of the mothers' lived experiences and material realities, which shape their foodwork activities.

Feminist scholarship often advances white middle-class women at the expense of black women, as existing scholarship typically focuses on the experiences of white, professional woman (Kendall, 2020). Thus the use of an intersectional lens when utilising role theory, allowed this study to highlight the lived experiences of low-income, black women, establishing the experiences of the ‘other’ (Beauregard et al., 2020; Ryan & Briggs, 2019). The study findings demonstrated that black mothers’ foodwork experiences were uniquely shaped by their interlocking racialised, classed, and gendered social identities; as well as their lived realities. Being positioned as ‘black’, ‘poor’, and ‘female’ meant that these workers were exposed to an uncondusive workspace and numerous structural inequalities which made foodwork activities such as breastfeeding while being employed, challenging and sometimes unattainable.

### **Managerial implications**

Returning to work was cited as the key reason for the cessation of breastfeeding, among the low-income, black mothers. Supporting breastfeeding and pumping as a form of foodwork in the workplace has great benefits for the mothers, infants, and employers, as infrastructures of care, create engaged, motivated, and driven employees (Al-Attas & Shaw, 2020; Mills, 2009; Nicholas & Erakovich, 2013; Osborne & Hammoud, 2017; Turner & Norwood, 2014). Hence, the following low-cost managerial implications could be implemented to sustain foodwork in the workplace. While managers must support all women who have caring needs from non-work-related roles, regardless of whether they choose to breastfeed or not, it is critical for them to also support women who want to breastfeed or pump in the workplace. Additionally, these implications will enable managers to alter the typical narratives around organisational support, from accommodating foodwork to encouraging foodwork, thus managers will be seen to proactively and intentionally alter masculine organisational norms and hegemony to become more conducive for low-income working women (Gatrell, 2013; 2019).

Managers could implement various initiatives to increase support for workplace breastfeeding and pumping. Firstly, managers need to raise awareness about mothers’ rights to breastfeeding and pump in the workplace during their legally mandated breastfeeding breaks (BCEA’s No. 75 of 1997). By human resource managers and shop stewards drawing the mothers’ and their co-workers’ attention to and encouraging these breastfeeding and pumping breaks, the mothers may be more amenable to utilising these breaks, without fear of repercussions. By increasing communication about legislature, like the Code of Good Practice

in the BCEA (No. 75 of 1997), mothers will feel more comfortable conducting foodwork in the workplace. Importantly, breastfeeding and pumping breaks should not be combined with tea or lunch breaks, to ensure that mothers do not need to choose between taking a break and conducting foodwork. Thus, managers must inform mothers that these breaks are in addition to normal lunch breaks. It is critical for managers to also share this message with all employees, to ensure that lactating mothers are not stigmatised or seen as getting additional organisational benefits.

Organisations could also subsidize hospital-grade breast pumps, which will allow multiple mothers to pump breastmilk from the same pump. As highlighted in the findings above, breast pumps were considered expensive and typically an unviable option for many black, working-class mothers. Hence, by organisations subsidising pumps, the mothers may be more willing to pump breastmilk while at work. In addition, creating a private space for mothers to breastfeed or pump would be critical, as this would prevent mothers from breastfeeding or pumping milk in unsafe or unhygienic spaces such as communal bathrooms, or experiencing sore breasts from holding in their milk supply. A small room, with a comfortable chair, should be set up for mothers to breastfeed or express, in a hygienic and private space. These spaces should also come equipped with a small fridge for the mothers to store pumped breastmilk during working hours. It will also be beneficial for the managers to create peer support groups, where mothers have a safe space to share their experiences, challenges, and setbacks of conducting foodwork in the workplace. Encouraging social support may help new mothers to navigate their initial foodwork experiences in the workplace through the knowledge sharing process, creating a culture of support for all working, lactating mothers (Cervera-Gasch et al., 2020; Lauer et al., 2019).

By managers implementing these initiatives, they would firstly create a more supportive and inclusive workplace for mothers' foodwork as the work environment would shift from a masculine culture to one that is more supportive of bodies that produce milk. This will likely sensitise managers and co-workers to the multiple roles working mothers have. In addition, instead of managers merely accommodating foodwork on an ad hoc basis, these initiatives will create a culture of inclusivity and reciprocity through the support of foodwork activities. Mothers will likely feel more valued and supported, as managers are investing resources to enable their foodwork. Secondly, by supporting foodwork, managers could play a critical role in increasing breastmilk feeding rates. While the Tshwane declaration of support for breastfeeding in South Africa was released to promote workplace breastfeeding and pumping, many low-income workers did not benefit from the policy due to their precarious work

environment (Stumbitz & Jaga, 2020). Thus, by implementing initiatives that are supportive of workplace breastfeeding and pumping, organisations would influence foodwork at a societal level, by encouraging higher breastmilk feeding rates. Consequently, organisations would be promoting food security for infants and young children, through the guaranteed food supply of breastmilk (Salmon, 2015).

### **Limitations and recommendations for future research**

Three main limitations emerged within this research study. Firstly, the interviews were only conducted at a single point in time (Stumbitz & Jaga, 2020). While this met the present study's research objectives, it would be beneficial for future researchers to adopt a longitudinal qualitative research approach to gather insight into low-income women's experiences during pregnancy, maternity leave, and return to work (Johnson & Salpini, 2017). This approach would allow researchers to track organisational support for pregnant and lactating women, identify changes in mothers foodwork choices once entering the workplace and isolate organisational elements which inhibit and promote foodwork (Johnson & Salpini, 2017). Thus, generating a more comprehensive understanding of the complexities low-income mothers experience throughout their pregnancy and breastfeeding journey (Johnson & Salpini, 2017). In a recent study, Whitley et al. (2019) adopted a longitudinal approach to studying workplace support for breastfeeding. The authors were able to gather a rich source of data from these lactating women at various points in time, to determine the influence of breastfeeding accommodations (such as breast pumps or break time) on woman's postpartum and breastfeeding journey (Whitley et al., 2019).

In addition, while the eligibility requirement for Stumbitz and Jaga's (2020) study was all mothers who had a child born after 2011, to align with the adoption of the Tshwane declaration of support for breastfeeding in South Africa, data were collected between 2017-2018, which meant that recall bias may have occurred. Gillespie et al. (2006) found that retrospective breastfeeding data may be exposed to errors and the overestimation of breastfeeding rates. A longitudinal design should be adopted in future research to prevent recall bias (Goodman et al., 2019) and to gather data about mothers foodwork more accurately, through the immediate recall process.

Secondly, while the study participants were all formally employed and should have been covered by maternity protection legislation, it will be beneficial to explore the foodwork experiences of workers not covered by legal entitlements, to get a more representative perspective of breastfeeding as a form of food labour in South Africa. As workplace precarity

has increased for females in South Africa after the Coronavirus pandemic and lockdown (Parry & Gordon, 2020), future research should be conducted in various work sectors, in the informal economy—such as home-based workers, market traders, street vendors and waste pickers—to determine how foodwork is managed in unprotected work environments and to interrogate how insecure socioeconomic positioning influences mothering and foodwork in precarious work situations (Wright et al., 2015).

Lastly, as the researcher was not involved in the primary data collection and did not interact with the participants, it was challenging to practice reflexivity. The researcher lacked agency at times as the interview data were not co-produced with the participants (Orr & Bennett, 2019) on the topic of foodwork. Hence, by not engaging with the participants directly, the researcher was unable to ask meaningful questions about the mothers' foodwork or request additional information for clarity. While the secondary data analysis met the present study's research objectives, it was slightly challenging to be emotionally distanced from the participants and dataset. Future research can develop on this exploratory study -while still maintaining a decolonial lens- in various ways, by centring these woman's voices through participatory action research methods such as photovoice or other arts methodologies (Kulka et al., 2011). Community-based participatory action research was found to be a useful approach when determining support required for breastfeeding mothers (Kulka et al., 2011; Yimyam & Hanpa, 2014). For example Lennon-Dearing and Hirschi (2019) found that photovoice was a useful intervention method to offer women agency, power and authority over their experiences. Given the lack of agency this study's sample had at times, photovoice and other types of arts methodologies may be a useful research approach to give participants the opportunity to cultivate their own narrative around foodwork, health and contextual complexities, while researchers still remain emotionally involved in the end research output and empower their participants through the process (Duffy, 2011).

## **Conclusion**

This study explored the foodwork experiences and management techniques of low-income, black, breastfeeding mothers from Cape Town, South Africa. After an analysis of the primary interview data used by Stumbitz and Jaga (2020), it emerged that low-income workers were exposed to various complexities in the workplace due to their intersecting social identities of race, gender, and social class. The mothers were forced to return to work soon after childbirth due to financial constraints. However, they struggled to utilise breastfeeding and pumping breaks due to their precarious work environment. Coupled with the challenges of being the sole

caregiver and provider in the household in most instances, many mothers ceased breastfeeding before the WHO (2017) guidelines of six months, as foodwork was seemingly incompatible with employment for many of these working-class women. Interestingly, this study identified that foodwork was managed through creative and innovative foodwork techniques stemming from local knowledge systems. While these systems appeared to be incongruent with the health discourse of breastfeeding, the findings ultimately highlighted that breastfeeding as a form of foodwork was shaped by culturally unique feeding practices and perspectives in the South African context. Through the new insights provided on breastfeeding as a form of foodwork, strategies can be implemented to create more supportive and inclusive workplaces for foodwork activities.

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## Appendix A

## Summary Table of Literature Review Articles

Table 1

*Summary Table of Literature Review Articles*

| Authors                     | Theoretical Framework (theory only added if specified) | Method & Design                    | Sample & Country (country name included if out of the United States) | Main finding  | Limitations (left blank if unspecified)                   |
|-----------------------------|--|------------------------------------|--|---|---|
| Laksono et al. (2021)       |  | Quantitative study (correlational) | 53528 children under 5 years old, Indonesia                          | The mothers education level positively affects EBF in Indonesia.  | Big data did not present facts deeply                     |
| Gebremedhin et al. (2021)   |  | Quantitative study (correlational) | 1406 children, aged 0-23 months, Ethiopia                            | Employed mothers, richer household wealth status, mothers undecided to have more children and a child with a history of diarrhoea, were the individual-level factors associated with EBF..  | Recall, social-desirability bias                          |
| Tsegaw et al. (2021)        |  | Quantitative study (correlational) | 1185 infants under 6 months old, Ethiopia                            | 4-5 months age, female and comorbidities infants, richest household wealth index and antenatal care were the individual level determinants significantly associated with EBF. The community level determinants were contextual region, community-level of postnatal visit and community level of maternal employment. | Recall bias, causality was not established.               |
| Bodjrenou et al. (2020)     |  | Quantitative study (correlational) | 360 mother-child pairs, Benin  | Breastfeeding and complementary feeding practices were almost suboptimal. Sociodemographic factors of children age and sex and mothers education, ethnicity and employment status were significantly associated with breastfeeding practices.   | Could have used qualitative for an in-depth understanding |
| Cervera-Gasch et al. (2020) |  | Quantitative study (correlational) | 777 female workers, Spain  | 57.8% of participants continued breastfeeding after returning to work, this was influenced by a breastfeeding support policy, special accommodation, support groups and having a female supervisor.   | Recall bias, low-response rate, un-generalisable results. |
| Stumbitz & Jaga (2020)      | Southern Theory  | Qualitative study                  | 51 participants (36 mothers and 15 managers), South Africa           | Low-income mothers are less aware of their entitlements to workplace breastfeeding support, tend to not request these rights because of other daily struggles. Given the high unemployment rate, poor infrastructure and gender-based violence, the concept of a good mother must extend beyond EBF.                  |   |

|                         |                                    |  |  |  |
|-------------------------|------------------------------------|--|--|--|
| Hauck et al. (2020)     | Quantitative study (correlational) | Mothers who breastfed or supplemented breast milk          | States with legislation experienced a 2.3% point increase in breastfeeding rates compared to those without legislation. States with weak enforceability experienced a 3.1% point increase compared to those without legislation.   | Low variation across states, potential measurement error of some covariates, low-response rate.  |
| Chimoriya et al. (2020) | Quantitative study (correlational) | 1035 mother-infant dyads, Australia                        | Lower maternal education level, lower socioeconomic status, full-time employment, maternal smoking during pregnancy and caesarean delivery were associated with increased risk of stopping breastfeeding at 6 months. Older maternal age and partners preference for breastfeeding were associated with an increased likelihood of continuing breastfeeding at 12 and 24 months. | Social-desirability, recall, measurement bias, un-generalisable results.   |
| Al-Attas & Shaw (2020)  | Qualitative study                  | 12 dyadic interviews, with 4 couples, Malaysia             | Although breastfeeding is perceived as a mothers responsibility and is regarded as the ideal form of infant feeding, there is often no designated time or space for expressing milk, causing participants to use their lunch and tea breaks for this purpose. Participants had to negotiate the good mother and good worker role.  |  |
| Horwood et al. (2020)   | Qualitative study                  | Women and men from informal sector, South Africa and India | Women understood the benefits of breastfeeding, however, pressures of family responsibility and financial obligations forced mothers to return to work soon after childbirth. The work environment was unsafe and unhygienic for breastfeeding.  | Purposive and snowball sampling could have caused women to have similar views.   |
| Ariff et al. (2020)     | Quantitative study (correlational) | 250 infants, Pakistan                                      | Infant and young child feeding practices are significantly associated with maternal education, employment, and the child's age.  | Data on feeding practices were collected on the 24 hour recall only and consumption precision may not have been absolute.  |
| Akkust et al. (2020)    | Quantitative study (correlational) | 70 mother-child dyads, Turkey                              | Maternal sensitivity scores of preterm infants were significantly lower compared to term infants. Depressive scores and employment status of mothers, socio-economic status, gestational age, breastfeeding duration and behaviour problems of children were related to maternal sensitivity scores.   | Results cannot be generalized, the presence of undiagnosed psychopathologies may affected the results.   |
| Nabunya et al. (2020)   | Quantitative study (correlational) | 428 mothers, Uganda  | Factors associated with EBF was attending antenatal care at least 4 times, intention to exclusively breastfeed for 6 months or longer, proper breastfeeding practices, age of the infant and working in a lower position.  | Results are not generalisable, causality cannot be established, EBF was only assessed for the past 24 hours, which could have overestimated the prevalence of EBF. |

|                          |                                    |  |  |  |
|--------------------------|------------------------------------|--|--|--|
| Demir et al. (2020)      | Quantitative study (correlational) | Mothers, Egypt.  | Delaying the first motherhood timing and increasing the availability of infant formulas have statistically significant negative effects on breastfeeding duration.   | Potential underreporting of miscarriages.  |
| Bose et al. (2020)       | Quantitative study (correlational) | Working mothers in the private sector in all 193 United Nation member states | Majority of countries worldwide protect against sex-based workplace discrimination in all 5 work dimensions, but only about 1/3 protect against discrimination on the basis of pregnancy status and few protect against discrimination on the basis of breastfeeding status.   |  |
| Harpur & Haddon (2020)   | N/A                                | United Kingdom   | A decision to stop breastfeeding may lead to experiencing a lack of support from UK healthcare professionals.  |  |
| Basnet et al. (2020)     | Quantitative study (correlational) | Mothers and their children, Bangladesh, Vietnam and Ethiopia                 | Higher maternal education, knowledge, height, well-nourishment and perceived instrumental support were positively associated with better care behaviours. Mental well-being, decision-making, employment and support in chores had positive associations with some care behaviours.  |  |
| Frank et al. (2020)      | Quantitative study (correlational) | Pregnant woman, Canada   | Income Assistance and Federal Maternity Benefits, based on minimum wage were inadequate to purchase a nutritious diet during pregnancy or early infancy whether breastfeeding or formula feeding.  | Secondary data did not include all aspects needed.   |
| Perez-Escamilla (2020)   | N/A                                | N/A  | The breastfeeding environments for women must be enabled through family friendly employment policies. Need to invest more in training the workforce for successful large-scale implementation.   |  |
| Nankinga et al. (2019)   | Quantitative study (correlational) | 3531 children under 5 years old, Uganda                                      | Children whose mothers had secondary education had lower odds of stunting and being underweight compared with those who mothers had no formal education. Other determinants of child nutritional status included region, age of the mother, age and sex of the child.  | Causality could not be established, response bias.   |
| Johnson (2019)           | Qualitative study                  | Working women  | Different orientation to breastfeeding: instrumentalist, quasi-maternalist and pragmatist. These orientations reflect and reframe existing cultural models and discourses about contemporary womens relationships to work, mothering and breastfeeding.  | Small sample size that was homogenous  |
| Whipps & Honoroff (2019) | Quantitative study (correlational) | 1468 working mother  | Both time off work and perception of more breastfeeding support were independently, positively related to the probability of membership in the near-exclusive breastfeeding trajectory. The interaction of these factors suggests an attenuation effect. The addition of paid leave to the model did not change the estimates. | Data was quite old and one measure only consisted of one item, thus may not be reflective of actual workplace context. |

|                               |                           |                                    |  |   |   |
|-------------------------------|---------------------------|------------------------------------|--|---|---|
| Payton et al. (2019)          |                           | Quantitative study                 | Participants from 2 organisations  | Workplace lactation accommodations can support women to reach their breastfeeding goals and to continue participation in the labour force.  | Small sample size and self-selection bias.  |
| Lauzon-Guillain et al. (2019) |                           | Quantitative study (correlational) | 8009 infants, France   | Delaying return to work for at least 3 weeks after postnatal maternity leave and working less than full time at 1 year post-partum were related to higher prevalence of breastfeeding initiation. Working part-time was positively related to breastfeeding duration.   | Could not study exclusive breastfeeding according to the WHO definition and lack of data on workplace breastfeeding policies. |
| Hoffmann (2019)               |                           | Qualitative study                  | 448 managers and human relations specialists and 173 lactating employees | Heightened compliance with new laws may be achieved even without directly affected actors mobilizing their own rights, champions must mobilize the organisation to comply with the breastfeeding laws swiftly.  |   |
| Tadesse et al. (2019)         |                           | Quantitative study (correlational) | 558 mothers, Ethiopia  | EBF was very low among mothers employed in governmental and non-governmental organizations. Monthly income, timely initiation of breastfeeding and maternal education were found to be significantly associated with EBF.   | Recall bias, a wealth index should have been used, lack of generalisability.  |
| Leon-Larios et al. (2019)     |                           | Quantitative study (correlational) | 197 female employees, Spain  | The main reason for interrupting lactation was the challenge of reconciling family and work. Faculty members often took more breaks for breastfeeding and were able to easily arrange their breaks, thus, they were more likely to continue breastfeeding.  | Causality was not established, recall bias, low-response rate.  |
| Morain et al. (2019)          |                           | Qualitative study                  | The top 25 public health schools   | The majority of top US schools of public health provide paid leave to faculty birth mothers. However, most of the schools fall short of the 14 weeks recommended by the American Health Association.  | Lack of generalisability, students were not included in sample.   |
| Lauer et al. (2019)           |                           | Quantitative study                 | 682 mothers  | Workplace policy factors supporting breastfeeding (paid maternity leave, other maternity leave and a breastfeeding policy) varied by industry. Women in specific service-oriented industries (accommodation and retail) reported the lowest rates of breastfeeding initiation and workplace supports for breastfeeding and pumping. | Causality was not established; response, nonresponse, recall and observation bias, lack of generalisability.                  |
| Brauner-Otto et al. (2019)    | Rational Choice Framework | Quantitative study (correlational) | 860 children, Nepal  | Female labour force participation is associated with worse child health, this is largely due to wage labour, the lower quality and lower paying work women engage in.   | Potential of reverse causality, sample selection issues.  |
| Albagli & Rau (2019)          |                           | Quantitative study (correlational) | 3000 young children, Chile   | The maternity leave reform is positively correlated with cognitive scores. Short-term effects of maternity leave are positive and significant for cognitive skills, especially for children whose mothers are less educated.  |   |

|                        |                     |   |   |  |  |
|------------------------|---------------------|---|---|--|--|
| Gatrell (2019)         | Theory of abjection | Qualitative 'netnographic' (internet) study | Online public health advice and breastfeeding discussion groups. Participants were anonymous. | Breastfeeding women occupy an uncomfortable space of the borders between health ideals of 'proper' mothering and organizational ideals of 'good worker'. This hostility towards breastfeeding appears validated at work because minimal action is taken to address the 'abjection as practice' towards breastfeeding workers.  | Geographical, ethnic and cultural/economic backgrounds were unknown  |
| Simpson et al. (2019)  |                     | Quantitative study (correlational)          | Mothers who gave birth to a singleton, Great Britain.   | The sociodemographic characteristics of mothers changed substantially between 1985-2010: mothers were increasingly more likely to be 30+, have higher education and socioeconomic status, be single or cohabiting. More mothers were black or minority ethnic origin. Reported smoking in pregnancy declined. Each characteristic independently predicted higher odds of breastfeeding initiation. | Report bias, causality was not established, data was quite old.  |
| Pihl & Basso (2019)    |                     | Quantitative study (correlational)          | Infant hospitalizations in California   | A decline in infant admissions, which is concentrated among those causes that are potentially affected by closer childcare and to a lesser extent breastfeeding.   | Comparable information for the 3 states was not obtained.  |
| Chhetri et al. (2018)  |                     | Quantitative study                          | 137 breastfeeding mothers, India.   | The most common reason to discontinue EBF was early resumption of work. Factors such as educational status of working mother and her husband, frequency of breastfeeding, practice of expressing and storing breastmilk during working hours were found to be statistically significant with EBF practice.   |  |
| Chai et al. (2018)     |                     | Quantitative study (correlational)          | 992419 children   | A one month increase in legislated duration of paid maternity leave was associated with a 7.4% point increase in the prevalence of early initiation of breastfeeding, a 5.9% point increase in the prevalence of exclusive breastfeeding and a 2.2 month increase in breastfeeding duration.   | Lack of longitudinal measurements on each breastfeeding outcome, recall bias, generalisations are limited. |
| Villar et al. (2018)   |                     | Quantitative study (correlational)          | 2195 mother-infant, Spain   | The employment status of women determined likelihood of PBF cessation. Healthier habits and education positively influenced PBF initiation and duration. Decrease in PBF duration rates can be interpreted in part as a consequence of women returning to work.  |  |
| Stumbitz et al. (2018) |                     | Systematic literature review                | N/A   | Major research gaps in relation to pregnancy, maternity leave, and the return to work in these SME contexts. This blind spot is surprising given that SMEs employ the majority of women worldwide.   |  |

|                             |  |                                    |  |  |  |
|-----------------------------|--|------------------------------------|--|--|--|
| Lesorogol et al. (2017)     |  | Mixed method approach              | 589 children, Haiti                          | Findings demonstrate relationships between urban and economic context and breastfeeding practices. Poverty, food insecurity, time constraints, and limited social support create challenges for EBF. Maternal employment is associated with lower rates of EBF. Extreme food insecurity sometimes lead to increased exclusive breastfeeding among Haitian mothers. | Causal inferences could not be made, report bias, qualitative findings.  |
| Oddo & Ickes (2018)         |  | Quantitative study                 | Demographic and Health Surveys               | Children of both formally and informally employed women, compared to children of non-employed women, had higher odds of meeting mum diet diversity and minimum meal frequency.   | Causality was not established, recall and socio-desirability bias, lack of generalisability.   |
| Lee et al. (2018)           | Ecological perspective & Theory of planned behaviour | Qualitative study                  | 13 first generation Korean immigrant mothers | Korean mothers held positive attitudes towards breastfeeding, however, however, they had to overcome barriers to breastfeeding, many mothers combined breastfeeding with formula feeding.  | Small sample size and qualitative nature meant that results lack generalisability.   |
| Bue & Priebe (2018)         |  | Quantitative study (correlational) | 1138 children, Indonesia                     | EBF practices are affected positively by mother's education and negatively by mother's labour market participation in non-traditional employment contracts. A higher availability of health-care supply does not necessarily lead to better EBF  | Cross-sectional data and non-experimental multivariate analysis created limitations.   |
| Dong & Song (2018)          |  | Quantitative study (correlational) | 83940 individuals between 18-60, China       | Paid maternity leave enhances the ability of employed women to sustain breastfeeding, therefore, there should be universal paid leave entitlements.  |  |
| Kapinos et al. (2017)       |  | Quantitative study (correlational) | 17,975,231 child births                      | The ACA mandate increased the probability of breastfeeding initiation by 2.5% points, which translates into about 47000 more infants for whom breastfeeding was initiated in 2014. Larger effects were found for black, less education and unmarried mothers.  | The comparison sample may have contained from 'treated' women which would bias results downward, the necessary common trends assumption may have been invalidated. |
| Gonzalez-Nahm et al. (2017) |  | Quantitative study (correlational) |  | Most states had regulations of general support for breastfeeding and requiring a designated place for mothers to breastfeed onsite. Support for breastfeeding at the state child care regulation level was insufficient.   | Cross-sectional designed limited the study.  |
| Loyal et al. (2017)         |  | Quantitative study                 | 139 women in late pregnancy, France          | Women devoted to IMI and worried about the consequences of maternal work for children. These women explained that they were also planning to go back to work and not to breastfeed, despite their positive attitude towards breastfeeding.   | Causality was not established, poor participation rate, sample consisted of mostly privileged mothers/   |

|                          |                              |                                    |  |   |   |
|--------------------------|------------------------------|------------------------------------|--|---|---|
| Felice et al. (2016)     |                              | Qualitative study                  | 20 diverse women who pumped              | Mothers felt pumping was required to meet their infant feeding goals and allowed them to share the bonding opportunity and infant feeding tasks with other caregivers.  | Interview guides were altered to incorporate emerging themes, thus some participants were not asked about all the themes. |
| Kobayashi & Usui (2017)  |                              | Quantitative study                 | 3651 parents, Japan.                     | Breastfeeding is generally initiated by mothers with a higher education level but once initiated the duration did not significantly differ by the mothers education. Mothers who returned to work a year after childbirth did not significantly differ from mothers who left their jobs after childbirth in initiation.                                   |   |
| Zilanawala (2017)        |                              | Quantitative study (correlational) | 17397 children, United Kingdom.          | Evening shifts was found to be associated with greater odds of breastfeeding initiation, as well as greater odds of short, intermediate, prolonged partial duration and prolonged exclusive duration, in comparison to mothers who were unemployed or had other types of nonstandard shifts.  | Recall and social-desirability bias.  |
| Steurer (2017)           |                              | Systematic literature reviews      | N/A                                      | Common facilitators to sustain breastfeeding were longer maternity leave, adequate time and space to pump breast milk once the mother returned to work. Type of barriers were inconsistency in policy and a lack of enforcement policies in different countries.  |   |
| Johnson & Salpini (2017) | Job-demands Resources Theory | Qualitative study                  | 22 students and professional employees   | Many women found breastfeeding difficult after the transition back to work after maternity leave. The notion of control whether it be over the work environment or workday, was a strong theme which was directly linked to womens ability to breastfeed. Difficulty of schedule control, assess to space and unexpected breastfeeding demands.           | Data only collected at one point in time from one workplace.  |
| Saffari et al. (2017)    | Theory of Planned Behaviour  | Quantitative study (correlational) | 1445 mothers with new-borns, Iran        | Age, income, employment and primiparity were correlated with EBF. The constructs of TPB predicted the EBF behaviour, which accounted for 49% of the variance in the predicting factors. Younger mothers, who had a lower socio-economic status were at higher risk of ceasing EBF.  | Information bias, lack of generalisability.   |
| Merecz-Kot et al. (2017) |                              | Quantitative study                 | 556 workers (311 women, 245 men), Poland | Women that took maternity leave and returned to their same position after using childcare, leave more frequently than men. Women working in large enterprises were more likely to use the WLB benefits (paid days off to care for others, educational leave, leave on demand, maternity leave) in comparison to employees working in smaller enterprises. | Recall bias.  |
| Ratnasari et al. (2017)  |                              | Quantitative study (correlational) | 158 working mothers, Indonesia           | Adequate family support for breastfeeding and high paternal education level was significantly associated with EBF amongst working mothers. The infants sex and age, parity, mothers age and education level was un-associated with exclusive breastfeeding.   | Low-response rate, causality was not established.   |

|                            |                             |                                    |  |  |  |
|----------------------------|-----------------------------|------------------------------------|--|--|--|
| Ryan et al. (2017)         | Psychological Agency Theory | Quantitative study (correlational) | 49 women, United Kingdom   | Womens agency was impacted by factors including their vulnerability, knowledge, expectations and experience, the feeding environment and the support of health care workers, in sharing decision-making and dealing with uncertainty.  |  |
| Mattei et al. (2016)       |                             | Quantitative study                 | 160 pregnant women, Italy  | Self-employment, age and feeding received as an infant was significantly related to breastfeeding intention.   | Lack of generalisability   |
| Ogwu et al. (2016)         |                             | Quantitative study (correlational) | 677 breastfeeding women, Botswana.                                   | Urban location, salaried employment or being a student and infant hospitalisation before weaning were independently and significantly associated with early BF cessation.  | Natural period of weaning was not determined, lack of generalisability.                    |
| Spitzmueller et al. (2016) | Role Theory                 | Quantitative study                 | 859 women from late pregnancy to 12 months postpartum                | Pregnant women's perceived support for breastfeeding was a predictor of their breastfeeding goal intentions. Negative workplace remarks from supervisors related to an eightfold increase in womens likelihood to discontinue EBF. Perceived support after return to work predicted EBF continuation. Women who continue breastfeeding experienced work conflict and overload. | Small sample size, potential of artificially inflated correlations.                        |
| Andres et al. (2016)       |                             | Systematic literature review       | N/A  | Literature confirms a positive, though limited correlation between maternity leave coverage and utilisation. Longer maternity leaves are associated with improved breastfeeding intentions and rates of initiation, duration and predominance and improved maternal mental health and early childhood outcomes.  | Studies were descriptive and quite old.  |
| Khanam et al. (2016)       |                             | Quantitative Study                 | 3573 mothers, Australia  | Parental leave was significantly associated with prolonged breastfeeding, up to date immunisation and other positive effects on health conditions.   |  |
| Lubold (2016)              |                             | Quantitative study                 | 746 women who breastfed and worked within a year before giving birth | New mothers who return to paid employment within a span of 3 months of giving birth breastfeed an average of 5 fewer weeks than new mothers who do not return to paid work for 3 months or more. Among mothers who return to paid work within 3 months, full time workers breastfeed an average of more than 15 fewer weeks than part-time workers.                            | Unrepresentative sample.   |
| Soomro et al. (2016)       |                             | Quantitative study                 | Mothers and employers from a representative sample of 297 workplaces | Mothers reported receiving breastfeeding breaks (12.1%) and 3 months paid maternity leave (86%). Provision of a lighter job as well as breastfeeding options on return to work were reported from 15% and 5% of the workplaces respectively.   | Lack of generalisability, public sector and unregistered workplaces were underrepresented. |

|                                  |                                    |   |   |   |
|----------------------------------|------------------------------------|---|---|---|
| Kottwitz et al. (2016)           | Quantitative study                 | Mothers of children aged 2-3 years, Germany                 | No effect of the new parental leave regulation on breastfeeding initiation. Breastfeeding for at least 4 months had increased significantly amongst the mothers who were expected to benefit from the reform.   | No information about EBF, small sample size.  |
| Kim & Gallien (2016)             | Quantitative study (correlational) | Children aged 0-2 years                                     | Children of single mothers used more non-parental childcare. Lower rates of any breastfeeding at 6 months and ever breastfed were reported among children of single mothers than those of two parents. Children of low-income, single mothers had more changes to childcare arrangement, than children of two parent households.  | Could not determine who was employed in the household, as it was coded as 'yes'.  |
| Kozhimannil et al. (2016)        | Quantitative study (correlational) | Women who gave birth and were employed part-time or in full | Only 40% of the women had access to break time and private space. Those women with adequate break time and private space, were 2.3 times as likely to EBF at 6 months and 1.5 times as likely to continue EBF with each passing month compared to the women who lacked access to these accommodations.  | Recall and social-desirability bias, causality was not established, definition of "reasonable break time" may be vague.                               |
| Bullinger & Gurley-Calvez (2016) | Quantitative study (correlational) | 2000 women who were in their seventh month of pregnancy     | WIC decreases EBF by almost 50% and increases work leave duration by more than 20%.   | Data was old and reflects the old policy.   |
| Emmott & Mace (2015)             | Quantitative study (correlational) | 18827 children, United Kingdom                              | Frequent grandmother contact and father's parenting were associated with lower levels of breastfeeding. Fathers presence, capturing emotional support was associated with greater breastfeeding initiation. Practical and emotional support, therefore, function differently.   | Causal inferences cannot be made, lack of information about the type and intensity of interactions.   |
| Bai et al. (2015)                | Quantitative study                 | 1738 mothers in paid employment, Hong Kong.                 | Only one-third of participants could continue breastfeeding and employment Later return to work and higher maternal education was associated with new mothers being able to continue breastfeeding and employment.  | Possible that mothers with positive attitudes and experiences were inclined to participate, recall bias, workplace support was not directly examined. |
| Rivera-Pasquel et al. (2015)     | Quantitative study (correlational) | 5504 others with infants under 1 year old, Mexico           | Maternal formal employment was negatively associated with breastfeeding in mothers with infants less than 1 year old, for the last 15 years. Formally employed mothers were 20% less likely to breastfeed compared to non-formally employed mothers and 27% less likely to breastfeed compared to unemployed mothers. Health care assess was associated with longer breastfeeding duration. | Causal inferences cannot be made, lack of finer details information, did not form a longitudinal panel of observations.                               |

|                         |                                    |  |  |  |
|-------------------------|------------------------------------|--|--|--|
| Pandey et al. (2015)    | Quantitative study                 | 256 women (128 pairs) in the final analysis.             | Awareness of breast milk as being the best food for the baby was excellent, knowledge regarding the correct breastfeeding technique and the frequency of breastfeeding was very poor. There were no statistically significant differences among the two generations about most of the issues related to breastfeeding. Less than 75% of women were ready to breast-feed the newborn immediately after birth. |  |
| Aikawa et al. (2015)    | Quantitative study                 | 84 working mothers who returned to paid work, Thailand.  | Mothers who returned to work 3 months or more after giving birth exclusively breastfed, more than the mothers who returned to work in less than 3 months. Self-employed mothers or those worked at family-owned businesses, or in private companies tended to return to work in less than 3 months. Longer maternity leave would help to extend the duration of EBF.   | Small sample size, lack of questions about participants social and education status.   |
| Lundquist et al. (2015) | Quantitative study (correlational) | 306808 civilian women and 6601 military affiliated women | Breastfeeding is more prevalent among all women in the military setting. The black-white gap in breastfeeding duration that is common among civilians is significantly reduced among military affiliates.  |  |
| Haung & Yang (2015)     | Quantitative study (correlational) | Half a million households in the 48 contiguous states    | Found an increase of 3-5% points for EBF and an increase of 10-20% points for breastfeeding at several important markers of early infancy.   | Low statistical power, thus subsample analysis could not be done, 12-13 year time lag between the two waves of the PFL, selection bias, no information on paternity leave. |
| Mandal et al. (2014)    | Quantitative study                 | 695 women in their third trimester of pregnancy          | Returning to paid work 1 week earlier was found to reduce breastfeeding duration by two-thirds of a week while extending breastfeeding by a week delayed work participation by one-third of a week.  | Do not know if mothers returned to the same employer after delivery, unrepresentative sample, participants were likely to have flexible work arrangements.                 |
| Heinrich (2014)         | Policy recommendation              | N/A  | Parents and especially mothers' work is not beneficial for their children, as it creates stress and can impair the bond between them. Low-income parents are most likely to work in stressful, low-quality jobs that feature low pay, little autonomy, inflexible hours and few benefits.  |  |

|                          |                                    |   |  |  |
|--------------------------|------------------------------------|---|--|--|
| Langellier et al. (2014) | Quantitative study (correlational) | 5020 mothers with children  | Small but significant increases from pre to post implementation of the new WIC food package in prevalence of prenatal intention to breastfeed and breastfeeding initiation, but no changing in breastfeeding at 3 and 6 months. EBF at 3 and 6 months roughly doubled.                   | Lack a comparison group for the sample of WIC participants, recall bias, sample mostly Latina.                   |
| Hassan & Che Musa (2014) | Qualitative study                  | N/A   | In Malaysia, employees breastfeeding rights are not provided under the employment act, hence this act has created a legal lacunae (gap) with regards to women's rights. Support of womens right to breastfeed in the workplace has been sporadic.  |  |
| Borrell et al. (2014)    | Systematic literature review       | N/A   | Nordic social democratic welfare regimes and dual-earner family models best promote womens health. Longer paid maternity leave was associated with longer duration of breastfeeding.   |  |
| Woodward et al. (2013)   | Quantitative study                 | 108 teen and younger mothers, New Zealand                             | Contemporary, young mothers were subject to greater parental, housing and school instability during their childhood years than women of their mothers generation.  | The average age of first childbirth may have been over-estimated, follow-up period confined to preschool period. |
| Batan et al. (2013)      | Quantitative study (correlational) | 183 mothers who breastfed and had their infant in child care          | Breastfeeding at 6 months was significantly associated with child care providers support to feed expressed breast milk. Mothers who reported 5 supports, compared to those who reported fewer than 3 supports, were 3 times more likely to breastfeed at 6 months.                       | Lack of generalisability, recall bias, reverse-causality may have occurred.                                      |
| Bonet et al. (2013)      | Quantitative study (correlational) | 1339 mothers who were breastfeeding and had singleton infants, France | Return to work was a major predictor for stopping breastfeeding, the sooner a mother returned to work, the less they breastfed the infant at 4 months of age.  | Unrepresentative sample.   |
| Heymann et al. (2013)    | Quantitative study (correlational) | 182 of the 193 UN Member states                                       | Breastfeeding breaks with pay are guaranteed in 130 countries and unpaid breaks in seven. No policy on breastfeeding breaks exist in 45 countries. The guarantee of paid breastfeeding breaks for at least 6 months was associated with an increase of 8.86% points in the rates of EBF. |  |
| Lutter & Morrow (2012)   | Quantitative study (correlational) | 22 countries in Africa, Asia, Latin America and the Middle East       | The median annual increase in EBF was only 1% per year in higher-income countries. EBF was not associated with maternal demographic factors such as urban residence, paid maternal employment, maternal education or gross national income.  | Data was only collected from 22 countries, no causal inferences can be made.                                     |

|                              |                                    |  |  |  |
|------------------------------|------------------------------------|--|--|--|
| Langellier et al. (2014)     | Quantitative study (correlational) | 4725 breastfeeding mothers   | In-hospital initiation of breastfeeding, EBF in the hospital, receipt of a formula discharge pack and maternal return to work before 3 months were significantly associated with breastfeeding outcomes. Mothers that enacted EBF in the hospital were 8 times as likely as mother who did not breastfeed in the hospital to reach the AAP recommendations of breastfeeding for 12 months or longer.   | Recall bias, lack of generalisability, some relevant variables were omitted.   |
| Casas & Herrera (2012)       | Review of policies                 | N/A  | Chile promotes motherhood but perceive working women who demand employment protection as abusing the system. While motherhood highlights the selflessness of women, society seems to mistrust women who want to exercise their maternity rights and who try to determine the number of their children.   |  |
| Javanparast et al. (2012)    | Qualitative study                  | 15 participants with children centres directors or baby house co-ordinators. | Most participants believed that mothers decision to breastfeed were a personal choice of the parents. Mothers work-related issues such as distance to the centre, time and unsupportive workplaces were the most important barriers which lead to early breastfeeding cessation or bottle feeding.   | The positive view of breastfeeding may have been due to people having a positive attitude or successful breastfeeding experiences. |
| Cooklin et al. (2012)        | Quantitative study (correlational) | 129 employed, pregnant women, Australia                                      | Employment participation in the first 10 months postpartum was associated with lower maternal separation anxiety and shorter breastfeeding duration.   | Unrepresentative sample, smaller sample size.  |
| Chittleborough et al. (2012) | Quantitative study (correlational) | Pregnant women, England  | Young maternal age, education, smoking and depression during pregnancy could be considered in identifying women likely to benefit from parenting support interventions.  |  |
| Rippeyoung et al. (2012)     | Quantitative study                 | 1313 breastfeeding mothers that were employed for at least 24 weeks          | Mothers who breastfeed for six months or longer suffer more severe and more prolonged earnings losses than mothers who breastfeed for shorter durations or not at all.   |  |
| Skafida (2012)               | Quantitative study (correlational) | 5217 breastfeeding mothers, Scotland   | Mothers working as employees full time or part time, had a higher risk of earlier breastfeeding cessation than non-working mothers. Mothers who took longer maternity leave, breastfed for longer. Younger mothers, with less formal education, single mothers, first time mothers and those of white ethnic background were more likely to stop breastfeeding sooner. Employment and early return to work were associated with a shorter duration of breastfeeding. |  |

|                          |   |                                    |   |   |   |
|--------------------------|---|------------------------------------|---|---|---|
| Mandal et al. (2010)     |   | Quantitative study (correlational) | 1964 women who gave birth to a singleton and initiated breastfeeding  | Compared with expecting not to work, expecting to work <35 h/week was not associated with breastfeeding initiation while expecting to work full time decreased breastfeeding initiation. Compared with breastfeeding mothers who did not work, returning to work within 12 weeks regardless of work status and returning to work after 12 weeks while working more than 34h/week were associated with significantly shorter breastfeeding duration. | Did not know whether mothers returned to the same employer after delivery.                |
| Chaparro & Lutter (2010) |   | Quantitative study (correlational) | Roughly 2600-11100 mother-child pairs from Bolivia, Brazil, Columbia, the Dominican Republic, Guatemala, Haiti, Nicaragua and Peru. | The low to middle income countries studied, which experienced socioeconomic and demographic changes, had improvements to breastfeeding, by changing breastfeeding behaviours, which was evident in subgroups of women that had a higher education level.  | Could not test for statistical significance, as the modelling procedure did not allow it. |
| Flacking et al. (2010)   |   | Quantitative study (correlational) | 51671 infants and their fathers, Sweden   | Infants whose fathers had a lower level of education, were receiving the unemployment benefit and/or had a lower equivalent disposable household income were significantly less likely to be breastfed. Infants whose fathers did not take paternity leave during their first year were significantly less likely to breastfeed at 2 and 6 months.  |   |
| Mills (2009)             |   | Review of legislation and policies | N/A   | Employers can increase employee satisfaction and cost savings by supporting breastfeeding mothers. A lactation programme can lower absenteeism, decrease turnover, reduce insurance costs and improve employee morale and job satisfaction. These programmes allow mothers to return to work without compromising their decision to breastfeed.   |   |
| Lee et al. (2009)        | Social Network Theory & The Ecology Theory of Parenting | Quantitative study (correlational) | 1140 mothers  | Foreign-born black mothers and Hispanic mothers were significantly more likely to breastfeed their infants than non-Hispanic, white women. Native born black women were more likely to breastfeeding than non-Hispanic white women.   | Unrepresentative sample, data limitations restricted measurement of constructs.           |
| Schulze et al. (2009)    |   | Quantitative study                 | 55 mother from the US and 72 mothers from China   | Chinese mothers expressed concerns that breastfeeding was not compatible with work outside of the home. American mothers were more likely to believe that breastfeeding was difficult.  | Small sample, lack of generalisability.   |

|                                   |                             |                                    |  |   |   |
|-----------------------------------|-----------------------------|------------------------------------|--|---|---|
| Stewart-Glenn (2008)              | Theory of Planned Behaviour | Systematic literature review       | N/A  | The benefits of breastfeeding are well documented, yet most mothers do not breastfeed after they return to work, as employment is a barrier to breastfeeding. Few workplace environments are supportive of breastfeeding and employer attitudes are typically discouraging.   |   |
| Seijts & Yip (2008)               |                             | Quantitative study (correlational) | 79 males, 137 females, 4 participants did not disclose their gender, Canada                                      | Participants had minimal knowledge about the benefits of breastfeeding for the child, mother and organization. Participants with children reported stronger support for accomodation. Participants in executive level positions who did not have children, were the least supportive of accomodation.   | Data could not be collected on behaviours as the situation was scenario based, lack of generalisability to other accomodation situations. |
| Flower et al. (2008)              |                             | Mixed method approach              | 1292 infants and 30 families   | Maternal employment at 2 months and receiving WIC were associated with decreased breastfeeding initiation and continuation. Ethnographic data indicated that many women did not consider breastfeeding and often discontinued it due to discomfort, embarrassment and lack of assistance.   | EBF was not examined as an outcome, Spanish speaking population in those areas were excluded, ethnographic sample had subtle differences. |
| Clark et al. (2008)               |                             | Quantitative study                 | 267 child care directors and infant room teachers, that were licensed to care for infants younger than 12 months | The majority of the infant room teachers and directors reported low knowledge on how to adequately store breastmilk and formula.  | Difficult to determine the number of surveys which should be sent, low response rate, lack of generalisability.                           |
| Gibson-Davis & Brooks-Gunn (2007) |                             | Quantitative study (correlational) | 3567 new mothers.  | Married mothers were more likely to breastfeed than unmarried mothers. Racial and ethnic differences in breastfeeding do not result from differences in marriage rates. Paternal provision of money during pregnancy decreased the likelihood of breastfeeding among unwed mothers.   | Potential association between relationship status and breastfeeding behaviours, causality was not established, unrepresentative sample.   |
| Gatrell (2007)                    |                             | Qualitative study                  | 20 heterosexual mother, United Kingdom   | Mothers who attempted to breastfeed while doing paid work found it difficult because breastfeeding was 'taboo'. The requirement to conform with expectations regarding 'suitable' workplace requirements contradicted health care advice. Mothers had to cease or conceal breastfeeding to fit into the workplace.  |   |
| Hawkins et al. (2007)             |                             | Quantitative study (correlational) | 6917 white, employed mothers with singleton babies, Britain and Ireland.   | Mothers employed part-time or self-employed were more likely to breastfeed for at least 4 months compared to mothers that were employed full-time. The longer a mother delayed her return to work, the more likely she was to breastfeed. Mothers were less likely to breastfeed if they returned to work for financial reasons or used informal day care arrangements. | Lack of information about the type of job and nature of workplace.  |

|                                   |                                    |   |  |  |
|-----------------------------------|------------------------------------|---|--|--|
| Pierre-Louis et al. (2007)        | Quantitative study (correlational) | 65 mother-child pairs, Mali   | Time spent in income-generating activities by the mother was negatively associated with children's animal protein intake and height-for-age.   |  |
| Ghosh et al. (2006)               | Quantitative study                 | 140 living in three tea gardens, Bangladesh   | Housewives showed a greater duration and frequency of breastfeeding than women in paid employment, over the 27 month. However, in the first 6 months postpartum, there was little difference in frequency and duration.  |  |
| Kulwa et al. (2006)               | Quantitative study (correlational) | 100 mothers, Tanzania.  | EBF was very low. Most of the psychosocial practices, such as affection, caregiver's attention, involvement in feeding, hygiene, health care and training, was performed by the mothers. Almost half of the mothers worked out of the home.  |  |
| Kosmala-Anderson & Wallace (2006) | Quantitative study                 | 46 women who were planning to go on maternity leave in the next 6 months, on maternity leave or returned from maternity leave | Many women wanted to continue breastfeeding after they returned to work, but the majority were not aware of any employer policy nor offered any information concerning support to enable breastfeeding. 90% of employees felt that the employers should do more to support breastfeeding, such as offering flexible working hours and taking rest breaks during working hours. | Small sample size, employees who did not intend to breastfeed could have been under-represented. |
| Ryan et al. (2006)                | Quantitative study (correlational) | 22800 new mothers   | Mothers who worked part-time had a significantly higher rate of breastfeeding than those who were employed full time, or who were not employed. Working full time have a negative effect on breastfeeding duration. Mothers who were not employed were more than twice as likely to breastfeed at 6 months than mother who worked full time.                                   |  |
| Chen et al. (2006)                | Quantitative study (correlational) | 998 female workers from a semi-conductor manufacturer, Taiwan   | Despite the provision of lactation rooms and breast pumping breaks, only a few mothers continued to breastfeed after returning to work.  | Causality was not established.   |
| Kimbro (2006)                     | Quantitative study (correlational) | 569 mostly low-income, unmarried mothers  | Expecting to work in the year after the infants birth, did not impact breastfeeding initiation. The timing of quitting breastfeeding and returning to work were closely linked. Mothers in administrative and manual positions quit earlier than other mothers.  |  |

|                           |                                |                                    |  |   |   |
|---------------------------|--------------------------------|------------------------------------|--|---|---|
| Heck et al. (2006)        |                                | Quantitative study (correlational) | 10519 women who had live births                                      | Women with higher family incomes, who had or whose partners had higher education levels and who had or whose partners had professional or executive occupations were more likely to breastfeed. Latina women were the most likely to breastfeed.          |   |
| Cardenas & Major (2005)   | Work-family Conflict Framework | Systematic literature review       | N/A  | Conflicts often lead to decreased breastfeeding durations, which result in costs for employers, mothers and infants.  |   |
| Galtry & Callister (2005) |                                | Systematic literature review       | N/A  | Discussions about parental leave policy, including the appropriate length of leave, should take a broad, interdisciplinary perspective.   |   |
| Berger et al. (2005)      |                                | Quantitative study (correlational) | 1907 women who had recent births                                     | Associations were found between early returns to work and children's outcomes, indicating that there may be a causal relationship between early return to work and reduction in breastfeeding.  |   |
| Ong et al. (2005)         |                                | Quantitative study (correlational) | 2149 women, Singapore.   | Working status had no effect on initiation of breastfeeding, but had an effect on duration. Breastfeeding mothers were more likely to stop breastfeeding than non-breastfeeding mothers. Working mothers stopping breastfeeding was attributable to work. | Response and social desirability bias, work status was not split into full time and part-time.  |
| McKinley & Hyde (2004)    |                                | Quantitative study                 | 548 breastfeeding mothers mostly who identified at European-American | Personal attitudes, such as gender-role attitudes and work family salience, accounted for half as much variance in breastfeeding duration for women who were employed outside the home compared to those who were not.                                    | Additional components of womens attitudes could have been included, few structural factors were included, the sample was mostly European-America. |
| Dubois & Girard (2003)    |                                | Quantitative study (correlational) | 2223 children, Canada.   | Mothers education level was the strongest factor in influencing breastfeeding from birth to 3 months.   |   |
| Galtry (2002)             |                                | Systematic literature review       | N/A  | Both socio-cultural support and labour market/health/early childhood policy are important if high rates of both breastfeeding and women's employment are to be achieved.  |   |
| Whaley et al. (2002)      |                                | Quantitative study (correlational) | 121 female employees that had given birth                            | Predictors of breastfeeding were intent to EBF, delayed introduction of infant formula, attendance at breastfeeding support groups and availability of breast pumps. Full-time employment and breastfeeding are compatible if workplace support is given. |   |

|                         |                                    |   |  |  |
|-------------------------|------------------------------------|---|--|--|
| Seijts (2002)           | Quantitative study (correlational) | 66 males and 79 females from a university | Organisations that accommodate breastfeeding were found to be more faire, popular and attractive, compared to those who did not accommodate breastfeeding. Female participants without children indicated lower support for breastfeeding accomodations than female participants with children and male participants.                | Participants only responded to a hypothetical situation, a host of family-friendly policies were not considered. |
| Mcintyre et al. (2002)  | Description of a project           | N/A                                       | Many organisations believed that the kit would be useful and two-third of organisations agreed that the kit provided enough information and good solutions to support balancing breastfeeding and work.  | Some kits were sent to more than one workplace, only sent to medium and large-sized businesses.                  |
| Earle (2002)            | Qualitative study                  | 19, mostly white women, United Kingdom    | Infant feeding decisions were made before contact with health professionals. Health promotion campaigns were influential in educating women about the benefits of breastfeeding but did not dissuade women from formula feeding. Parental involvement was influential, as fathers were seen as alleviating the stress of motherhood. |  |
| Schmied & Lupton (2001) | Qualitative study                  | 25 first-time mothers, Australia          | While all mothers believed that the breast was best, some women experienced breastfeeding as a intimate and harmonious relationship with their baby while other felt that the breastfeeding relationship was difficult to reconcile with notions of identify as they valued autonomy and control.                                    |  |
| Leslie et al. (2001)    | Quantitative study                 | 109 mothers, Jamaica                      | Infant feeding practices were similar for both employed and non-employed mothers. Factors affected infant feeding were the lack of steady employment, many dependent children and a lack of other sources of maternal support.   |  |
| Galtry (2000)           | Review of policies                 | N/A                                       | Equality discussions need to be extended to provide a new theoretical and practical framework for achieving equity in the workplace that would also accommodate the needs of women who wish to breastfeed or to express/pump breast milk.  |  |

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## Appendix B

### Ethical Clearance



### Faculty of Commerce

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UCT Commerce Faculty Office

24 06 2021

Feranaaz Farista

School of Management Studies

University of Cape Town

REF: REC 2021/06/009

**Breastfeeding as a form of foodwork: Considering work-family, race, gender and class**

We are pleased to inform you that your ethics application has been approved. Unless otherwise specified this ethical clearance is valid until 31-Jul-2022 .

Your clearance may be renewed upon application.

Please be aware that you need to notify the Ethics Committee immediately should any aspect of your study regarding the engagement with participants as approved in this application, change. This may include aspects such as changes to the research design, questionnaires, or choice of participants.

The ongoing ethical conduct throughout the duration of the study remains the responsibility of the principal investigator.

We wish you well for your research.

2021.06.24  
 15:07:35 +02'00'

**Jacques Rousseau**

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**Appendix C**  
**Coding Scheme**

Table 3

*Coding Scheme*

| Code Name  | References |
|--|------------|
| Advised to breastfeed                                | 12         |
| Advised to not breastfeed                            | 5          |
| Advised to not use formula                           | 3          |
| Advised to use formula                               | 6          |
| Mothers need advice                                  | 12         |
| Professional advice                                  | 89         |
| Professionals do not recommend                       | 4          |
| Professionals recommend                              | 3          |
| Breastfeeding as a bond                              | 7          |
| Breastfeeding as healthy option                      | 38         |
| Breastfeeding as the care-free option                | 4          |
| Breastfeeding equipment is expensive                 | 5          |
| Alter foodwork hours                                 | 35         |
| Breasts are uncomfortable                            | 45         |
| Combining work and foodwork is difficult             | 63         |
| Express at work                                      | 57         |
| Express in bathroom                                  | 33         |
| Lack of care for employees needs                     | 50         |
| Leaky hormones                                       | 3          |
| Leave baby for work                                  | 37         |
| No information about breastfeeding at work           | 25         |
| Stigma from co-workers about expressing              | 13         |
| Stop breastfeeding for work                          | 19         |
| Stop work because of breastfeeding and child-rearing | 11         |
| Working as a mother was difficult                    | 92         |
| Breast as empty and finished                         | 15         |
| Breastmilk as not enough                             | 22         |
| Cannot be stressed while breastfeeding               | 3          |
| Could not express                                    | 6          |
| Difference between breastmilk and formula            | 5          |
| Difficult commute for work                           | 42         |
| Fathers role does not include child-rearing          | 26         |
| Mother was overwhelmed                               | 36         |
| Mothers role is forgotten                            | 13         |

|  |    |
|--|----|
| Mothers role responsibility is child-rearing | 47 |
| Strain due to child-rearing                  | 42 |
| Women associated with child-rearing          | 7  |
| Difficult to commute with baby for work      | 6  |
| Difficult to find work                       | 10 |
| Difficult working conditions                 | 36 |
| Breastfeeding for over 6 months              | 57 |
| Breastfeeding for short period               | 20 |
| Exclusive breastfeeding in first 6 months    | 6  |
| Family and Community assists the mothers     | 58 |
| Formula as the easy way                      | 4  |
| Formula fed baby                             | 19 |
| Give baby water                              | 40 |
| Introduce food into diet                     | 24 |
| Mixed feeding                                | 54 |
| Needs employment for income                  | 75 |
| Against expressing milk                      | 12 |
| Against formula                              | 4  |
| Does not want bottle                         | 9  |
| Does not want breastmilk                     | 11 |
| Does not want formula                        | 9  |
| Wants breast and breastmilk                  | 13 |
| Strategy to cope with situation              | 36 |
| Tablets to alter milk production             | 6  |
| Want to breastfeed but cannot                | 7  |
| Work is basic                                | 4  |
| Working conditions unsafe                    | 5  |

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**Appendix D**  
**Extract from a Coding Memo**

23/05/2021

This concept of mothers breastfeeding and foodwork hours being shifted is becoming quite prominent throughout the various interview transcripts. Lots of these women are having to shift their breastfeeding hours due to work. Some women indicated that they needed to express early in the morning to ensure the infant had enough milk during the day while others save breastfeeding for the evenings.

This code also highlights the various factors which were shaping foodwork hours. Some women indicated that they had a long commute so they needed to express early in the morning. Others were so tired after their long commute home, yet they pushed themselves to enact this foodwork duty, likely in an attempt to ensure the infant was well-nourished (given earlier responses i.e. breastfeeding as the healthy option).

This code of altering foodwork hours is intertwined with the code of 'difficult commute for work' and codes relating to breastfeeding choice, such as 'breastfeeding as healthy option' and 'breastfeeding as a bond'. The relationship between these codes must be considered when I report the findings of this thematic analysis.

## Appendix E

### Thematic maps

Figure 1

*Foodwork Experiences and Precarity in the Workplace*

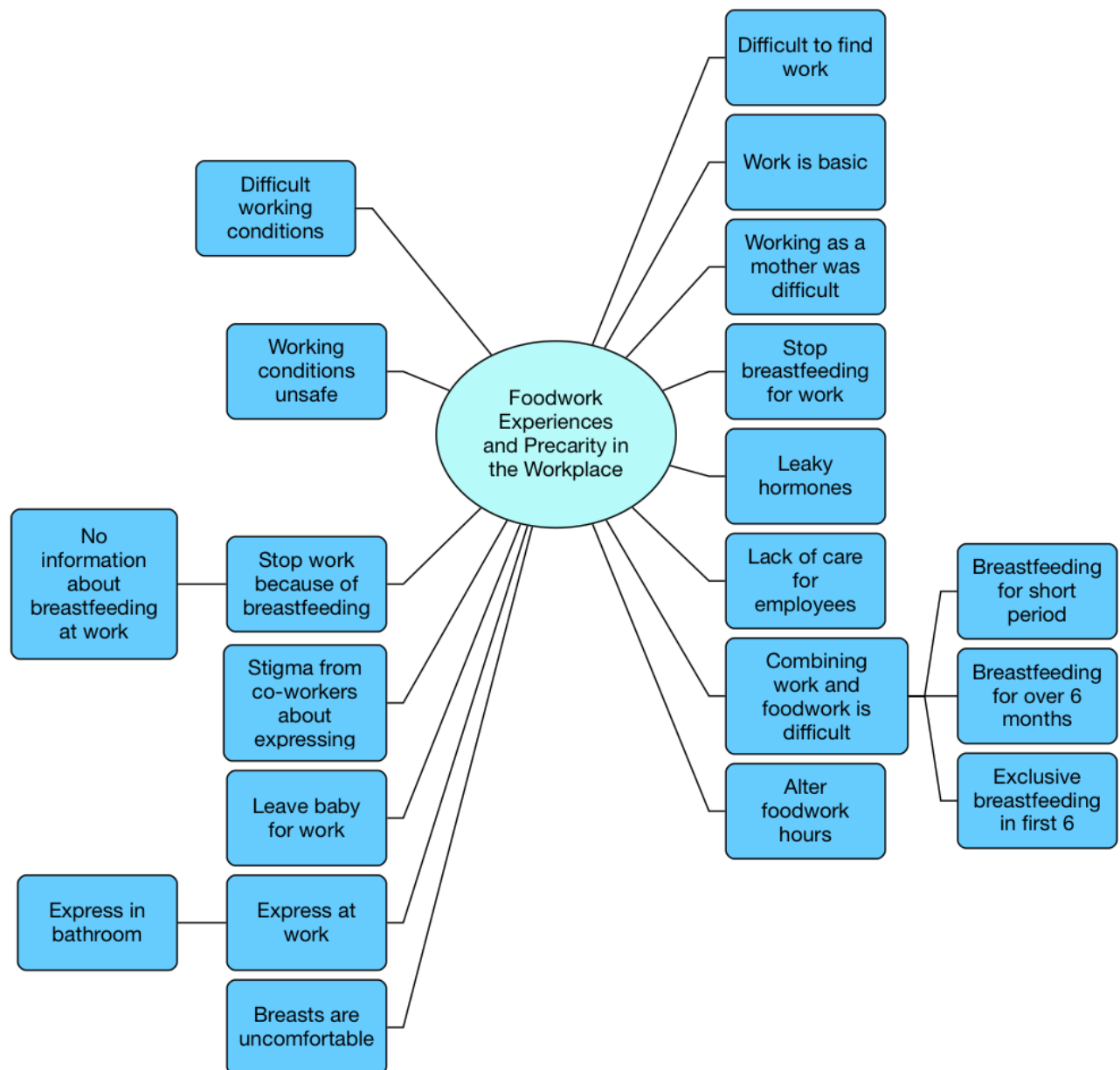


Figure 2

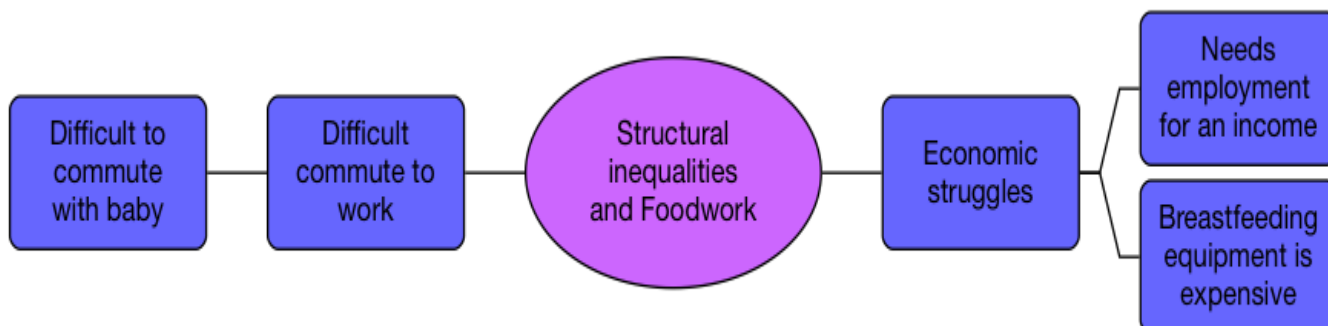
*Structural Inequalities and Foodwork*

Figure 3

*Gender Norms and Social-class: Shaping Child-care and Foodwork*

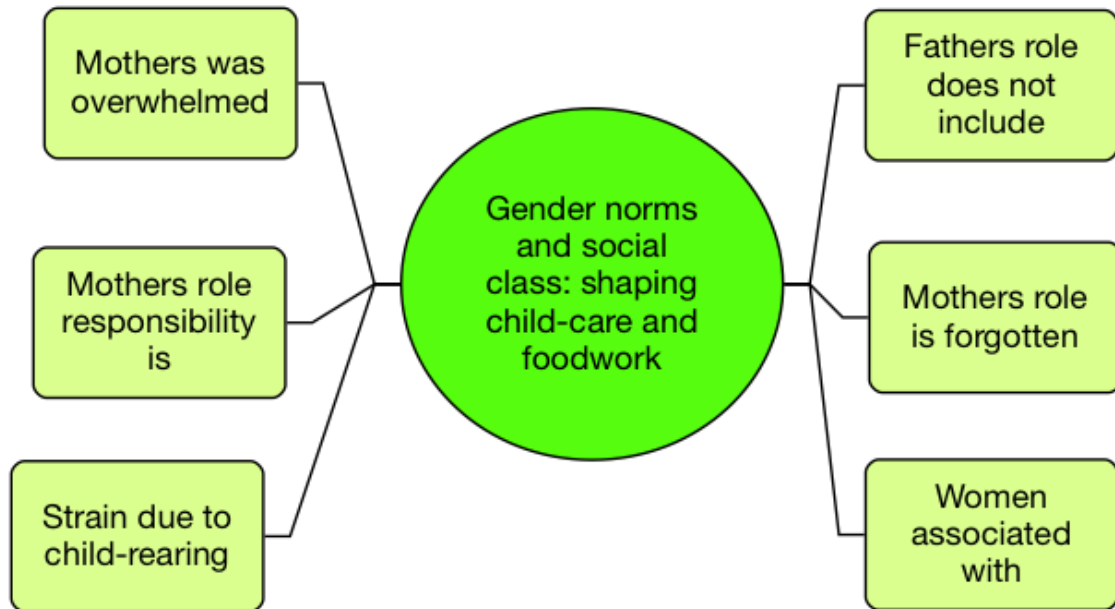


Figure 4

*Local Knowledges and Foodwork*

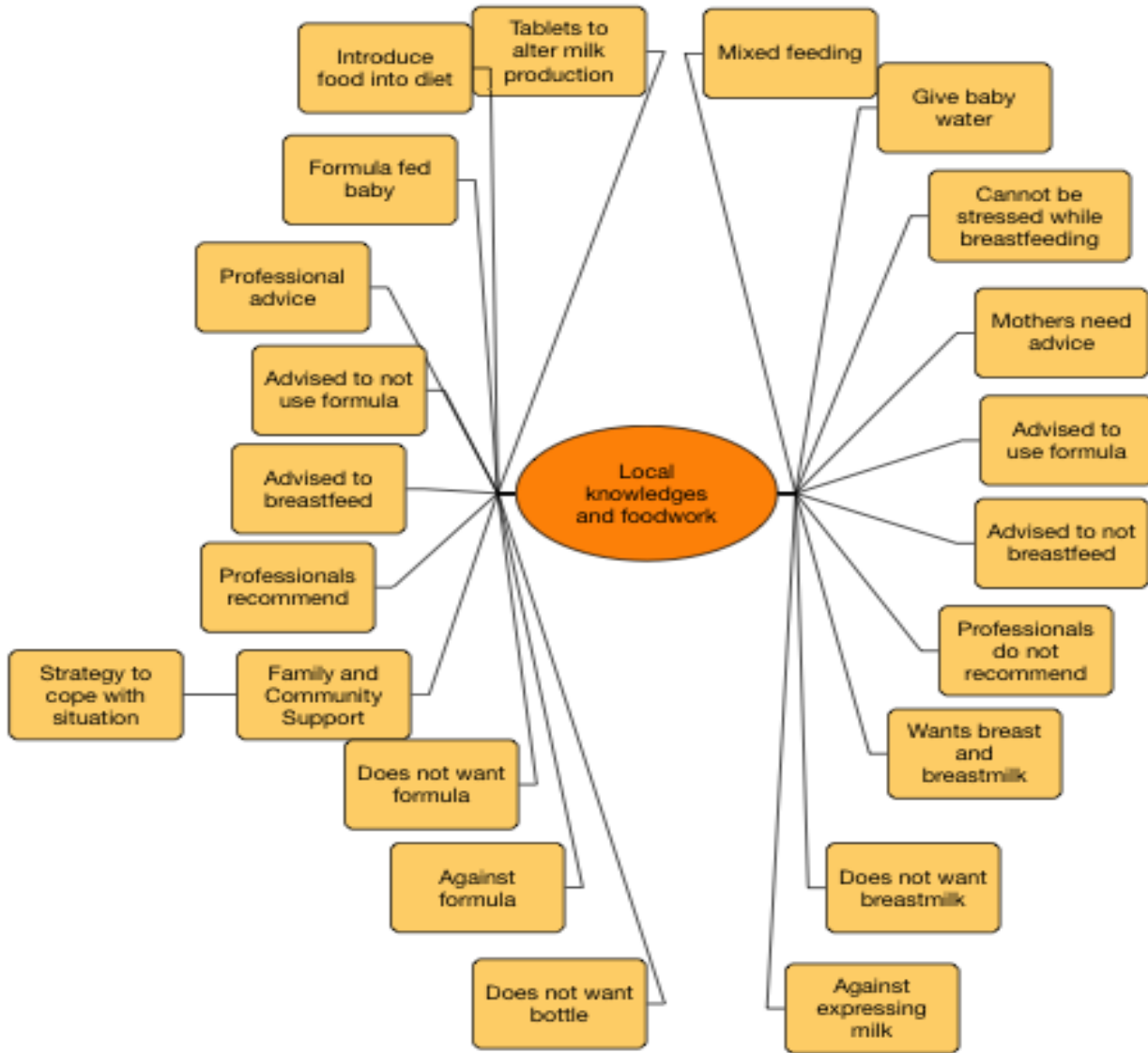
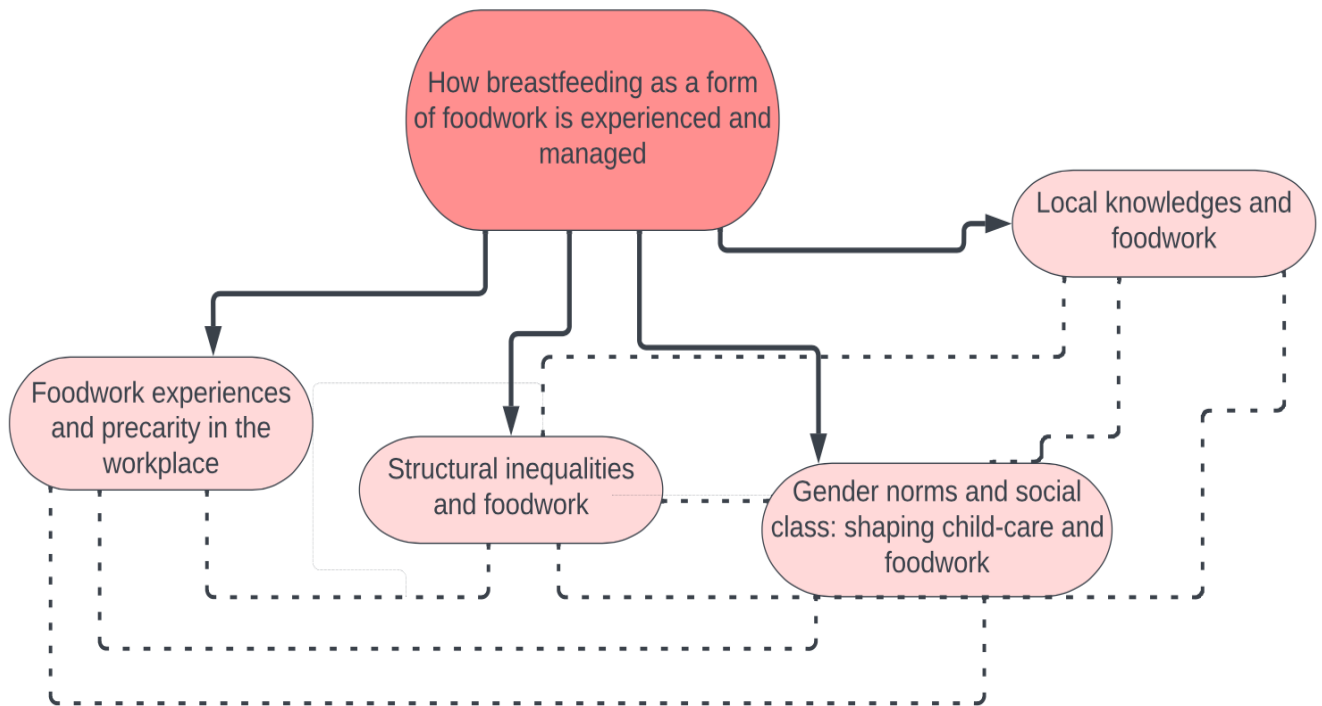


Figure 5

*Relationship between themes*

\*I confirm that the uploaded document is the dissertation to be examined.